

## **DOCTORAL THESIS**

### **The counselling psychology needs of new fathers**

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*Award date:*  
2013

*Awarding institution:*  
University of Roehampton

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# **THE COUNSELLING PSYCHOLOGY NEEDS OF NEW FATHERS**

By

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A thesis submitted in partial fulfilment of the requirements for the  
degree of PsychD in Counselling Psychology

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2011

## **Abstract**

This study explored new fathers' understanding and experience of fatherhood, their own well-being and whether, or not, there is a role for counselling psychologists to work with new fathers in their transition to fatherhood. A qualitative research methodology was employed: counselling psychologists were asked to complete a partially structured questionnaire to explore their perceptions of men's experiences of fatherhood; fathers' well-being and mental health needs; and the psychologists' thoughts about what role, if any, counselling psychology might have in assisting the transition to fatherhood. Questionnaires were analysed using a content analysis. Fathers, in the first five years of fatherhood, were interviewed to explore their experiences of fatherhood, and their understanding of their own well-being. The interviews were analysed using Interpretative Phenomenological Analysis (IPA). Four master themes emerged from the analysis of the interviews, with 11 subthemes identified. The four master themes were preparation; roles, responsibilities, perspectives and priorities; joy and reward versus difficulties and concerns; support. These were consistent across the participant's accounts, although experiences varied between individuals. Fifteen themes were identified in the analysis of questionnaire responses from counselling psychologists. Research findings support previous research in showing that the transition to fatherhood is a time of intense psychological adjustment and suggest that counselling psychologists do have a role to play in working with new fathers in their transition to fatherhood. The researcher suggests that counselling psychologists have a role to play in both therapeutic work and in the broader provision of psychological knowledge, education and support, either directly to individuals or groups, or indirectly through the provision of information, working with or training other professionals and through research and the dissemination of findings.

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Word count – 36,156

## **Acknowledgements**

I would like to thank the following people:

Firstly, the fathers and counselling psychologists who participated in this research and whose time and interest is very much appreciated.

My Director of Studies Dr Harbrinder Dhillon-Stevens, and my Supervisor Dr Richard House, for their guidance and encouragement.

Tau, for his love, support, endless patience and unwavering belief in me, and for making me countless cups of tea.

My parents for their love and support, and for always being there for me.

All my friends, and my brothers, for their interest in my studies and their confidence in me.

## **Chapter 1 – Introduction**

The purpose of this study is to explore what needs new fathers might have that are relevant to counselling psychology. The study aims to explore new fathers' understanding and experience of fatherhood and their own well-being and whether, or not, there is a role for counselling psychologists to work with new fathers in their transition to fatherhood. It aims to extend the literature in the field of new fathers' well-being (e.g. Bradley, Boath and Mackenzie, 2004; Edie and Loewenthal, 2007), and to explore the extent to which involvement with a counselling psychologist might be of interest to new fathers, and within this how the specifically relational aspect of counselling psychology practice (e.g. Strawbridge and Woolfe, 2009) might be helpful to new fathers, in terms of whether engaging with a relational counselling experience or more practical support, is preferred, if at all.

There is a growing body of literature, which will be discussed in Chapter 2, suggesting that new fathers need more support (e.g. Ramchandani et al., 2005), that counselling services to support new mothers and to treat maternal post natal depression (PND) have been successful (e.g. Holden, Sagovsky and Cox, 1989), and that men are reluctant to seek help for emotional issues (Mansfield, Addis and Courtenay, 2005), but understanding fathers' needs and the ways that they are best addressed is in the early stages of exploration and understanding. As part of this study it is hoped that a deeper knowledge and understanding of men's constructions of health, masculinity and culture will be developed which will be useful for counselling psychologists working with men in all life stages, not merely confined to early parenting experiences.

Research-based information on whether, and in what circumstances, a relational aspect to support is helpful and important, or whether new fathers tend to prefer more practical support

might well provide information that links into and informs interventions provided by the Improving Access to Psychological Therapies (IAPT) programme (see Chapter 2 for an overview of IAPT), or to provision of other kinds of support by other professionals or by family centres, for example.

Such knowledge might also be useful for other professionals, perhaps informing provision of antenatal and, or postnatal support for fathers; in developing criteria for screening men for susceptibility to depression in early fatherhood; for those involved in infant mental health care; or for those working with families in other settings.

Knowledge and understanding of possible barriers to new fathers seeking professional help and support will be useful for counselling psychologists and other professionals working with new fathers in encouraging and increasing access to support services for this population.

Knowledge gained from this study may also contribute to the knowledge base for a men's mental health strategy (Mind, 2009) and on a psychological plan for care for men, similar to the psychological plan for perinatal care (Slade and Cree, 2010) developed for women.

Finally, knowledge about the practice of relational counselling psychology, sometimes in multidisciplinary teams in, for example family centres or GP practices, will be relevant to discussions on the future of Counselling Psychology (cf. *Counselling Psychology Review*, Special Edition, March 2009) and whether it has something distinctive to offer, in comparison to other counsellors, psychotherapists, applied psychologists or professionals who might work with new fathers.

## **Definitions of central constructs**

### **Counselling psychology and relational counselling psychology**

Counselling psychology became a division within the British Psychological Society (BPS) in 1994, challenging, and proposing an alternative, to the dominant psychodynamic and behaviourist approaches. Counselling psychology has its philosophical roots in humanism, owing much to humanistic and existential thinkers such as Maslow, Rogers and May (Strawbridge and Woolfe, 2009: 4) and became part of the a so-called ‘third force’ in psychology ‘privileging a non-pathologising account of psychological distress, and emphasising the uniqueness of each person and his or her self-actualising tendencies’ (Rizq, 2008a: 8). Counselling psychology has evolved in relation to, and is committed to exploring, a range of approaches to inquiry, and recognises the contribution of different traditions including the phenomenological (existential and humanistic); the psychoanalytic/psychodynamic; the cognitive-behavioural; the constructionist; narrative and systemic traditions (Strawbridge and Woolfe, 2009: 4).

Cooper (2009: 120) has identified six key principles, from a variety of texts, as the essential values of counselling psychology:

1. A prioritisation of the client’s subjective, and intersubjective, experiencing (versus a prioritisation of the therapist’s observations, or ‘objective’ measures).
2. A focus on facilitating growth and the actualisation of potential (versus a focus on treating pathology).
3. An orientation towards empowering clients (versus viewing empowerment as an adjunct to an absence of mental illness).



4. A commitment to a democratic, non-hierarchical client-therapist relationship (versus a stance of therapist-as-expert).
5. An appreciation of the client as a unique being (versus viewing the client as an instance of universal laws).
6. An understanding of the client as a socially- and relationally -embedded being, including an awareness that the client may be experiencing discrimination and prejudice (versus a wholly intrapsychic focus).

These principles are underpinned by counselling psychologists' commitment to engage with their clients as 'agentic human subjectivities who cannot be reduced to, or treated as, objects of natural scientific inquiry' (Cooper, 2009: 121). Buber (1958) articulates this in the concept of the 'I:Thou' as opposed to the 'I:It' attitude. In the former, the Other is accepted and confirmed as 'un-classifiable and un-analysable totality: a freely-choosing flux of human experience' (Cooper, 2009: 121) and in the latter as a 'thing-like, determined object: an entity that can be systemised, analysed and broken down into universal parts' (Cooper, 2009: 121). These humanistic values are reflected in counselling psychology's position between the science of psychology and the therapeutic practices of counselling and psychotherapy, where the complementary aspects of the 'scientist practitioner' and 'reflective practitioner' are espoused (Strawbridge and Woolfe, 2009: 2). The focus on psychological theory and research underlines the difference between counselling psychology and the training of many counsellors and psychotherapists, suggesting a relationship somewhat closer to clinical psychology, and indexed by the employment of increasing numbers of counselling psychologists in clinical roles in the National Health Service (NHS) (Strawbridge and Woolfe, 2009: 6). The 'scientist practitioner' aspect of counselling psychology also suggests an emphasis on producing knowledge through research, and Cooper (2009: 126) has argued that developing the evidence base for counselling psychology is 'essential' if the profession is

to move forward and help people maximise satisfaction and fulfilment in their lives. The ‘reflective practitioner’ aspect of counselling psychology focuses on the way in which new knowledge and understanding are created through learning from experience (Schon, 1987) , through ‘reflection-on-action’ with colleagues and in supervision, and ‘reflection-in-action’ by monitoring practice in process (Strawbridge and Woolfe, 2009: 6).

The tensions between this humanistic values base and the model of science that follows medical and behavioural models of practice, involving the use of diagnostic labels and categories, have been highlighted by, for example, the introduction of the IAPT programme, the National Institute for Health and Clinical Excellence (NICE) treatment guidelines and demands to deliver evidence-based practice (e.g. Cooper, 2009: 119; Mollon, 2009: 131; Strawbridge and Woolfe, 2009: 7). These tensions have raised many questions about the role and future of counselling psychology (cf. *Counselling Psychology Review*, Special Edition, March 2009) as it is feared by many that the medical model threatens the attributes that make counselling psychology distinctive (Lane and Corrie, 2006: 17) – to the extent that Mollon (2009: 130) argues that counselling psychology risks being destroyed by the explicit endorsement of the medical model in the NICE guidelines, and in IAPT. Cooper (2009: 122) argues that one of counselling psychology’s distinctive contributions to the psychological field can be in the way that, even when working in diagnostic-based treatment programmes such as IAPT, counselling psychologists should be able to ‘hold labels lightly and meet people, first and foremost, as people’.

This focus on meeting the individual reflects the importance of the relationship in therapy (e.g. Roth and Fonagy, 1996). It is our capacity for ‘being-in-relation’ with another rather than our ‘tool bags of techniques for diagnosing and treating specific problems’ on which successful therapy depends (Strawbridge and Woolfe, 2009: 14). The relational aspect of counselling psychology and its significance to the success of therapy is reflected in Cooper’s

(2009) principles of counselling psychology, described above. De Young (2003: 1) defines relational as 'self-with-other', a way of working with clients where the relationship between client and therapist is central to the work, where relationships are considered central to the client's experiences and priority is given to the client's ways of relating to others in order to understand themselves. Hargaden and Schwartz (2007: 4) identified the key elements of relational psychotherapy as:

- The centrality of relationship
- Therapy as a two-way street involving a bi-directional process
- Both the vulnerability of therapist and client are involved
- Counter-transference is used, not merely as information but in thoughtful disclosure and collaborative dialogue
- The co-construction and multiplicity of meaning

They suggest that the essence of relationality is not about expressions of empathy, attunement and compassion, but is associated with the 'dialectics of relatedness' (Hargaden and Schwartz, 2007: 4). Rizq (2006) has argued that the use of the self of the therapist is not a notion that sits easily with academic psychology, but, as argued above (and by Rizq, 2008a), it is this commitment of the counselling psychologist to meet the individual rather than the diagnosis, as both scientist-practitioner and reflective-practitioner, which is distinctive about counselling psychology.

## **Well-being**

Well-being is defined as the state of being comfortable, healthy, or happy (OED, 1998). It is complex and multifaceted, considered to be a process as well as a state, and is a contested concept (Haworth, 2009: 994). The recent focus on Positive Psychology (e.g. Seligman,

2003), particularly in the United States, has focused primarily on individual influences on well-being, including individual strengths, experiences of positive emotions, resilience, meaningful activities and positive relationships, strongly influenced by an individualistic US culture (Haworth, 2009: 994), and largely neglecting the possibility that wellness is achieved through simultaneous and balanced satisfaction of personal, interpersonal and collective needs (Prilleltensky and Prilleltensky, 2007). Haworth (2009: 994) believes that interventions to enhance well-being should be conducted at individual, community and societal levels, recognising diversity and socioeconomic inequalities in society, and should be concerned with the unintended as well as the intended consequences of action.

## **Mental health**

The World Health Organisation (WHO, 2007) defines mental health as more than the absence of mental disorders, but as a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. It is the foundation of well-being and effective functioning, is linked to behaviour, and is determined by multiple and interacting social, psychological, and biological factors (WHO, 2007). Tudor (1996) defined mental health as having six dimensions: affective, behavioural, cognitive, socio-political, spiritual and psychological. These definitions suggest a variety of risk and protective factors, both individual and environmental, but emphasise the importance of social relationships for good mental health.

## **Fathers and fatherhood**

Fatherhood research is found in different disciplines including health, family, social policy, sociology, anthropology, early years, education and psychiatry, as well as in psychology. This is both reflected in and instrumental in a focus on fathers and fatherhood as a legitimate concern for public policy, such as in issues including paternity leave, fathers' rights and responsibilities and in encouraging fathers to be actively involved in childcare and education, as shown, for example, in the families and relationships green paper 'Support for All' (Department for Children, Schools and Families, 2010) and in the 2010 general election manifestos of each of the three main political parties (Conservative party, 2010; Labour party 2010; Liberal Democrat party, 2010).

A specific area of interest in recent years has been fathers' well-being and the emotional experience of becoming a father. A focus of this interest has been on depression in new fathers with research showing that Post Natal Depression (PND) exists and is an issue for new fathers as well as for new mothers (Ramchandani et al., 2005) and is a 'key global public-health issue' (Cox, 2005: 982). Studies of paternal PND and on fathers' impact on their children, discussed in Chapter 2, strongly show the importance of recognising and addressing fathers' mental health needs, for their own sake, and also for that of their children and their wider relationships.

Whilst paternal PND is likely to be an area of interest and concern for anybody working in the field of mental health, and a discussion of paternal PND and its construct can be found in the Literature Review, this study will focus on broader issues of well-being and mental health, because of the philosophy and concerns of counselling psychology and the tensions between counselling psychology and the medical model, and the use of such diagnostic terms, as discussed above.

## **Dissemination of research findings**

Research findings, and articles based on different aspects of the research, will be submitted for publication in the *Counselling Psychology Review* and in Early Years journals, including *Nursery Education Plus*, the *Early Years Educator* and the *Every Child Journal*. Reflecting the practitioner aspect of the PsychD I intend for this research to be useful to the counselling psychology profession and other related professions, so as well as informing practitioners and policy makers of my findings, through submissions to journals and speaking at conferences, I intend to feed knowledge gained from the research into existing and new programmes, provided by psychology services, and antenatal and postnatal services. In order to do this I have made contact with fathers' organisations, including the *Fatherhood Institute*, to explore how I might work with them to make practical use of the research findings.

## **An experiential account of the development of the research question**

Experiential and reflective accounts, throughout this paper, are written in the first person to aid fluency and to help locate the researcher within the research.

The research question was initially chosen after reading Edie and Loewenthal's (2007) study on whether there is a need to counsel expectant and new fathers. As assessment for the Research Methods module, in Year 1 of the PsychD course, I spent time exploring the wider area of whether there is a need for counselling for new parents and I came across a large body of research on male depression in the postnatal period, or paternal Post Natal Depression (PND). Whilst there is considerable research pointing to the possible existence of paternal PND (e.g. Ramchandani et al., 2005), and most studies conclude that more needs to be done to support fathers' psychological health, very little research on how fathers would actually like to be supported was evident. The research proposal submitted in Year 1 made the case

for using qualitative and quantitative methods to explore whether there was a role for counselling psychology, or not, for depressed fathers. This would have involved giving a large sample of fathers a series of depression diagnosis scales to complete and then interviewing those whose answers suggested they were depressed, with regard to their experiences and sources of support. However, looking at PND specifically was deemed too narrow a focus for the PsychD doctoral research, and using such a narrow diagnostic term seemed in conflict with the humanistic value base of counselling psychology described above (Cooper, 2009). I began to explore the wider literature on men's experiences of becoming a father and their experiences of support. This led to a more direct link to counselling psychology, so opening the area up more clearly as a possible research topic.

I realised very early in this process that the research area had a strong personal resonance for me. I recently got married, during the PsychD training, would like to have children in the future, and am at an age where many friends have recently had children. I am reluctant to go into an extended confessional narrative here, but it is clearly important that I explore my personal motivations for undertaking research in this particular area, and attempt to understand how this research might be a personal process of inquiry (Reason and Marshall, 2001: 415), as well as a training requirement. I understand the importance of this examination of the relationship between the researcher and the research, and as Chamberlain (2001: 20) writes, in interpretative research it is impossible for the researcher to be separate from the research. I have tried to be as open, and honest, as possible in my reflections, recognising that this is what I am asking of my participants. I also recognise a slight resistance to this process, in me, aware that once submitted, this research will be in the public domain and I will not have the anonymity that my participants do. I have tried to find a balance between these demands and to be clear of my position within the research. Chamberlain (ibid.) suggests that three levels of examination are necessary in this process:

1. Who is the researcher and where does she stand on issues that are relevant to the research?
2. How did the researcher's values, understanding and presumptions impact on the research?
3. How did the research impact on the researcher?

The first of these will be considered here, whilst the second and third levels will be considered in Chapter 5, the Discussion.

I am a female researcher, aged 31. I grew up in London with both parents and am the oldest of three children, with two younger brothers. My father runs his own company, whilst my mother remained at home until my youngest brother started school and then returned to work, part-time, so I was brought up in a fairly 'traditional' family situation. I had a 'middle-class' upbringing and education, and worked in a primary school and then as a secondary school teacher (teaching history, religious education, sociology and psychology) for six years before beginning the PsychD counselling psychology doctoral training.

My own experience of being fathered, and as the oldest child, of making my father a father, is very relevant to this choice of topic. It seems inevitable that a part of this study is a search for some understanding of my experience of being fathered, and of my father's experience of becoming a father. In an attempt to gain some understanding both of his experiences and of the wider context of becoming a father in the late 1970s, when I was born, he has agreed to let me interview him, between the submission of this study and the oral examination. It is also clear that my marriage and thoughts of starting a family have had a strong conscious, and unconscious, impact on my choice of research topic, possibly in an attempt to prepare myself for my husband's possible responses to becoming a father. I have found it fascinating to watch how friends have adapted to becoming parents. Whilst the mother's role has seemed



relatively clear and the debates on returning to work and childcare are well publicised and discussed, in many cases the new father appears to have a harder job working out his role or place, and I have watched friends relationships' closely to see how they manage the practical and emotional demands of becoming parents. I have reflexively attempted to stay aware of these issues so that my experiences and feelings do not unwarily impinge on my understanding and interpretation of my participants' experiences, and do not unduly bias or disadvantage the research process. A part of this process has involved regularly thinking about such issues in personal therapy and keeping a journal throughout the research process in an attempt to keep a track of and reflect upon such issues. These reflections are considered throughout subsequent chapters.

In considering where I stand on issues relevant to the research I have thought about my attitudes, values and beliefs towards counselling and therapeutic interventions, and towards the role of fathers in the family. Based on my knowledge of the research literature, my experiences in my family, from observing other families and individuals, from my work in both primary and secondary schools, and from my clinical work as a trainee counselling psychologist, I think that fathers play a very important role in family life, in their children's development and in the wider social life of the family, as explored below, in Chapter 2. I think that fathers *can* often be overlooked, that the demands of work and traditional roles can make involvement in day-to-day family life difficult, but that most fathers want to be as involved as possible and *are* emotionally engaged with their children. I think that in the current economic climate, and with well publicised debates about women 'having it all', that family life can be pressurised and complex. Recent initiatives (see Chapter 2) to encourage fathers to be more involved in day-to-day family life and with their children are, I believe, positive. Given my position as a trainee counselling psychologist, I have as probably expected, a positive attitude towards counselling and psychotherapy and to emotional engagement and help seeking for emotional issues. Although I take it that counselling or

psychotherapy or other directly therapeutic work are not always the most appropriate intervention, I am interested in how these services are made available to different groups of the population and how the skills of practitioners such as counselling psychologists can be and are used in different services.

In a sense I am both 'insider' and 'outsider' researcher in this study: I am an insider with the counselling psychologists, I see myself as part of the situation I am investigating (McNiff and Whitehead, 2006: 8), researching a group I belong to, or am in the process of belonging to, looking at our profession. With the fathers I am outside the situation and experience, trying to understand. Both these positions will necessarily impact the way I engage with my participants and the way they engage with me.

As a female researcher approaching a male issue there is a question about whether I will be able to understand men's experiences. Researchers necessarily come from a gendered position and it is important to remain aware of this and its possible impact on the research (e.g. Hollway, 1989). As a female I obviously have no personal experience of becoming a father; the closest I have come is observing and talking with friends and family. This does raise questions about how, as a female I approach a uniquely male experience, and how male participants might respond to my attempts to understand their experiences. I think that my counselling psychology training, with its focus on the importance of listening to the individual's experiences, of not making assumptions and of listening for the unsaid, the unconscious, is important in the way I approach my participants, with respect for their unique experiences and feelings.

Other aspects of my identity and experience may also potentially impact on the research, include my identity as a trainee counselling psychologist, with an awareness of the tension between counselling psychology and a medical-model approach. This is reflected in my caution with attempts to represent emotional experience as 'illness', to pathologise

experience, and in my attitudes towards diagnosis and labelling. This has been brought to mind very clearly by the literature review in Chapter 2, below.

I think that although my lack of personal experience of the phenomena being studied may in some lights be considered a disadvantage, it also has the advantage that I approach participants with fewer preconceptions, and this, combined with my counselling psychology training and practice experience, will help me to be open to listening to participants' experiences in a non-judgemental, non-pathologising manner, with no set hypothesis to test and no agenda to meet.

## **Summary conclusion**

In this chapter I have introduced the purpose and aims of the current study, defined central constructs and explored my experience of developing the research question, its personal resonance and my motivations for studying this particular area. I now go on, in Chapter 2, to review the literature on issues to do with men's mental health and engagement with counselling services; fathers, fatherhood and the psychological experience of becoming a father; and support services for fathers, both general support and specifically therapeutic interventions, particularly from counselling psychologists.

## **Chapter 2 – Literature Review**

The issue of whether new fathers need psychological support is relatively new, but it is a rapidly expanding area within the broad and extensive research and literature base on fathers and fatherhood. The literature considered below comes from a wide variety of sources and approaches, including academic studies and papers, biographical writing, opinion pieces, sociological discussion and web-based campaigns and sources of advice aimed at fathers and those working with families. This literature review aims to reflect this variety whilst maintaining an academic approach and focus.

In an attempt to organise this chapter so that it presents a concise yet comprehensive review and summary of the literature, highlighting the salient issues and areas of interest, the literature review begins with a consideration of issues to do with men and mental health and men's engagement with counselling services, setting the context for the second part, which looks at fathers and fatherhood. The chapter finishes with a discussion of the researcher's position in relation to the literature.

### **Men and mental health**

Statistics show that although fewer men than women are engaged with psychological services in the UK (Singleton and Lewis, 2003: 124) it is unlikely that this is a true reflection of men's mental health as fewer men than women consult their GP, and when they do, they are reluctant to discuss psychological difficulties (Wheeler, 2003:4). Research carried out by Mind (2009) supports the idea that men and women deal with psychological distress in different ways: men are more likely to take recreational drugs and drink alcohol and less likely to talk to friends or family about their problems or when feeling low.

Explanations as to why men and women appear to deal with psychological stressors so differently tend to fall into biological arguments or social/cultural arguments. Biological arguments propose that there are sex differences in the way males and females respond to stress, perhaps derived from evolutionary roles, with men responding with a 'fight or flight' response whereas women are more likely to 'tend and befriend'. Garde (2003: 7) maintains that sex is a biologically determined feature of identity, but that its social expression is prescribed by culture. Many theories link male responses to psychological stressors to the features of masculinity in culture, suggesting that men's lives can be damaged by the cultural demands placed upon them (Garde, 2003): for example a cultural demand on men to live up to a masculine ideal of power (sometimes signified by coercion, aggression, domination, violence, abuse and force); ambivalence to femininity; domination and objectification of nature (the universe) and the psyche; and avoidance of emotion. The search for identity in a changing world may be central to men's emotional and psychological problems (Hilton, 2009: 14). However, a more holistic, biopsychosocial approach may be more appropriate to understanding (White, 2009: 3), rather than embracing what can be an over-simplistic biological/socio-cultural duality.

### **Seeking help**

Research suggests significant differences in the help-seeking behaviour of men and women, with men seeking psychological help reluctantly (Scher, 1987; Addis and Mahalik, 2003; Mansfield et al., 2005; Mind, 2009). The reasons men identify for not seeking professional help for mental and physical health problems are varied but fit into three interrelated areas: the male socialisation process; the influence of stigma; and lack of knowledge about consultation processes (Smith, Robertson and Houghton, 2006). Understanding the complex processes by which decisions are made is important if researchers, policy makers and clinical

practitioners are to facilitate the use of services by those who might benefit (Vogel and Wade, 2009: 23).

Culture and gender-role socialisation encompass the idea that men and women learn gendered attitudes and behaviours from cultural expectations; and whilst these may change over time, powerful ideologies may determine what features members of a given culture learn to be masculine (Addis and Mahalik, 2003: 7). In the West these have historically been described as strength, competitiveness, aggressiveness, rationality, non-emotionality, separateness and problem-solving (Gillon, 2007).

Good, Dell and Mintz (1989) found a significant relationship between elements of the male role and men's attitudes and behaviours related to seeking help. In their sample of male college students, traditional attitudes about the male role in society, such as concern about expressing affection towards other men and concern about expressing emotions, were related to negative attitudes towards seeking professional psychological help and fewer reports of help-seeking behaviour in the past. They found that as men's values about the male role became less traditional, views about seeking psychological help became more positive. However the role of men's need for success, power and competition, which the researchers had hypothesised would be a factor in restricting seeking psychological help, was not found to be a factor. Robertson and Fitzgerald (1992) found a similar result when they compared attitudes towards counselling, with scores on masculinity measures, finding that high scores were significant predictors of negative attitudes towards counselling. They also found that men who expressed highly masculine attitudes reacted more positively to descriptions of interventions consistent with masculine socialisation processes, so suggesting that changing the way in which some services are described (using terms such as classes, workshops or seminars) may encourage men with more highly masculine attitudes to take advantage of services that may be helpful to them (Robertson and Fitzgerald, 1992: 245).

It is suggested that men's understanding of masculinity prevents them from admitting their need for help (e.g. Scher, Stevens, Good and Eichenfeld, 1987); Eisler and Blalock, 1991) and from even putting it into words: Levant (1998) suggests that what he calls 'normative male alexithymia' ('alexithymia' referring to a difficulty in putting emotion into words) is very common amongst men, making it less likely that they will benefit from traditional psychotherapy. Counselling and psychotherapy are easily seen as 'extensions of feminine emotional expressiveness, and thus of little relevance or use to men' (Gillon, 2007: 13), supporting the idea that therapy may be the 'antithesis' of masculinity (Meth and Pasick, 1990: 152).

Vogel and Wade's work (2009) on stigma has distinguished between public and self-stigma over help-seeking. The former is due to threat of rejection by society and the latter is an internal form of stigma, a threat to one's sense of self. Such a distinction allows for more 'nuanced assessment of what people feel about their own psychological concerns and their treatment' (Vogel and Wade, 2009: 20). Public stigma may contribute to self-stigma, which may relate to culture and gender-roles, but it is self-stigma which influences attitudes and behaviour towards help-seeking.

Societal perceptions of, and a lack of knowledge about, counselling are key to men's engagement in counselling (Millar, 2003; White, 2009), suggesting that providing information about counselling and psychotherapy might be vital in order to engage men, and that contact with people who have experienced counselling or psychotherapy may be effective in challenging beliefs about stigma (Vogel and Wade, 2009: 23). It may be that part of this process is around challenging the traditional image of masculinity (Good et al. 1989: 300), as the introduction of 'The Equality Act' (2006) means that service providers are required to provide equal treatment access and outcomes for both sexes (White, 2009: 7).

Addis and Mahalik (2003: 12) suggest that if men's difficulty in accessing health services is attributed to a mismatch between available services and traditional masculine roles, two options are left: changing individual men to fit the services or changing services to fit the 'average' man. Changing services might involve offering alternatives to face-to-face therapy, such as computer programmes, help-lines, e-counselling and psycho-educational material, although White (2009: 7) suggests that this could be considered to be colluding with 'unhelpful pervasive social pressure' and that traditional psychotherapy could be 'remarketed' to become a more gender-neutral activity. Alternatively, psychotherapy could be modified to cater to the different preferences of 'various subgroups of potential clients, including subgroups of men' (White, 2009: 7). Addis and Mahalik's (2003: 12) argument is that men's help-seeking is best understood as a function of the way both the socialisation and the social construction of masculinity transact with the social psychology of giving and receiving help.

Millar (2003: 23) suggests six recommendations for promoting help-seeking in men:

1. Increased publicity about counselling, aimed specifically at men;
2. Increased liaison between counsellors and GPs;
3. Increased provision of information about the 'nuts and bolts' of counselling, prior to the first appointment;
4. Greater accessibility to low-cost counselling for men;
5. Greater use of online counselling; and
6. Increased awareness of male gender constructs by all mental health professionals.

Alternatively, men's rates of help-seeking might be interpreted as reflecting their greater independence and self-reliance compared with women, rather than as a weakness (Addis and



Mahalik, 2003: 7), prompting the question of whether men should seek to respond to psychological stressors in similar ways to women. If good health is associated with a mindset which accepts the individual's vulnerability, accepts that emotional expression is important and embraces the need for help, ways of being which reject this framework, particularly traditional masculinities, actually become a risk to men's health (Lee, 2009: 171), placing the emphasis on the problematic nature of male psychology and emotions (ibid.: 168).

Illich (1976: 11) has argued that the 'medical establishment has become a major threat to health' in its control over how individuals determine what constitutes sickness and health. What Illich calls the 'medicalisation of life' (ibid.: 16) involves the political and social iatrogenesis of ill-health, where normal suffering, mourning and healing become medical issues, encouraging social control of the population, by the medical establishment, for economic activity (ibid.: 51), undermining people's capacity to look after themselves and forcing them to be dependent on professionals.

Furedi (2008: 108) suggests that a more accurate term than medicalisation is 'psychologisation', where ordinary problems are treated as psychological, often expressed as illness, neurosis or other disorders. In the process of medicalisation issues that were once the responsibility of communities, religious leaders, families or individuals are increasingly represented as matters for health professionals. For women, this may be seen in the 'expansive pathologising of maternal experience' (Lee, 2009: 169) so that virtually any negative experience of motherhood is considered to be a sign of postnatal illness requiring professional intervention by 'experts' (Lupton and Barclay, 1997: 49). This reliance on professionals, or on a therapeutic culture (Furedi, 2008: 108) where emotional states are regarded as problematic, regards their management as the most effective way of guiding individual and collective behaviour. Medicalisation is therefore inseparable from professionalisation, as a diagnosis is a prelude to its professional management (ibid.: 109).

A question is raised as to whether the attribution of ‘illness status’ (Lee, 2009: 174) intensifies or diminishes feelings of powerlessness. Does it allow recognition of illness and empower sufferers, or does it lead to powerless dependence on others for help and management of the illness, where ‘attempts to “cope alone” without professional support are stigmatised’ (ibid.: 172)? There are important issues here around the possible negative, unintended side-effects of such developments in the construction of both fatherhood and illness, as the medicalisation, or psychologisation, of human experience casts people as powerless and helpless (Furedi, 2008: 111). If it becomes assumed that fathers necessarily need therapeutic support, and this becomes routine, it could become a self-fulfilling prophecy, with fathers’ resilience and resourcefulness being downplayed and compromised, so that part of the contemporary construction of fatherhood involves its ‘professional management’ (Lee, 2009: 169).

## **Fatherhood**

Becoming a father and fatherhood constitutes a ‘major adult transitional period’ (Zayas, 1987: 8), a stage in Erikson’s (1985: 67) psychosocial changes of adulthood. It is a ‘phenomenon around which there currently exist many and often competing discourses’ (Lupton and Barclay, 1997: 9), and many ‘dissonant voices’ (Gillis, 2000: 235). Biographical writing (e.g. Duerden, 2009; George, 2009; Melville-James, 2009), theory (e.g. Lupton and Barclay, 1997) and research (e.g. Draper, 2002; Fletcher, Matthey and Marley, 2006) suggest that fatherhood raises many issues for men, particularly around their role, identity, relationships, experiences and understanding of masculinities. The focus of research on fathers has moved from how they can support their partners to their own emotional and psychological experiences, although this is not entirely new: in 1931, for example, Zilboorg reported that new fathers might feel depressed after the birth of a baby.

The role of fathers and the way fatherhood is understood or constructed have changed over time, often explained in terms of developments in women's roles in the workforce impacting on and changing their roles in the family and home, so that father's roles have changed from breadwinner, the 'norm in western societies by the mid 20<sup>th</sup> century' (Gillis, 2000: 226) to a view that bringing up children is a male and female activity (Lee, 2009: 167) and an expectation that fathers will be involved at the birth and in childcare (Draper, 1997).

The idea that fatherhood is in 'crisis' (Gillis, 2000; Lupton and Barclay, 1997) is often suggested to be related to changes in society and a nostalgic view of fatherhood as 'previously straightforward but presently much more problematic' (Lee, 2009: 168), because men have struggled to change as society has changed. This is true for absent fathers and involved fathers, both of whom are 'the subjects of worried commentaries' (Lee, 2009: 167) as fatherhood is represented as risky and men as unprepared and deficient (Lupton and Barclay, 1997: 50). In his account of the history of fatherhood Gillis (2000: 225) proposes that the idea of a crisis in fatherhood is a repeated theme in Western civilisation. He locates the current 'panic' in the historical context of the collapse of patriarchal monarchical order from the 1770s onwards, leading to the French and US revolutions, which 'profoundly altered familial and social relations at every level' (Gillis, 2000: 226). It was in this post-patriarchal time that paternity was 'yoked' to masculinity for the first time: 'Manhood (as gender identity) and paternity became equivalents, an equation which... is at the core of the current crisis of fatherhood' (Gillis, 2000: 226). Gillis concludes that fathers have become marginalised in a society that is 'wracked with confusion and conflict' (2000: 235) about the relationship between fatherhood and masculinity.

## **The emotional and psychological experience of becoming a father**

Becoming a father is a key developmental stage and transition, and these ‘invariably’ present both challenges and opportunities (Zayas, 1987: 19). Edie and Loewenthal (2007: 183) found that fathers have psychological concerns of their own, including confusion, insecurity, rejection and fears. An overview of the research on the emotional and psychological experience of becoming a father is provided below:

- Although Clark, Diener, Geogellis and Lucas (2008) found a significant increase in life satisfaction, for males and females, one year before the birth of their child, this dropped beyond zero within one year of the baby’s birth. Males and females then experience significant unhappiness for the next four years before being ‘just’ content about parenthood, no less happy than before their children were born. Research suggests that, on aggregate, having children does not make people happier, with ‘an almost zero association between having children and happiness’ (Powdthavee, 2009: 308) and there appears to be virtually no evidence that having children does make people happier. However, it should be cautioned that such research is very much entrenched in the discourse of ‘happiness’, which might serve to limit and obscure rather than illuminate the deep meaning and experience of parenting in people’s lives.
- In his review of the psychodynamic literature on fatherhood, Zayas (1987) found that three major psychodynamic and developmental findings emerged as common for new fathers: the re-arousal of sibling rivalry; intensified dependency needs; and re-awakened oedipal conflicts. The reactivation of these earlier developmental conflicts influenced father’s adaptation to their current situations.

- Barclay and Lupton (1999) found that the majority of new fathers experienced the early stages of fatherhood to be more uncomfortable than rewarding and their expectations to be incongruent with reality.
- Research suggests that men's relationships with their partners may change in the transition to parenthood. Edie and Loewenthal (2007: 190) found that all five of their respondents felt that the baby had had an effect on their relationship with their partner, with Rawles (2004) suggesting that as many as one in five relationships end in the first year of parenthood.

A relatively new aspect of men's experiences as fathers was the emergence in the 1990s of Post Natal Depression (PND) as a concern for men as well as for women (Lee, 2009: 161). Whether the term 'paternal PND' is an appropriate one is an area of debate. This literature review will use the term paternal, or male, PND, descriptively rather than diagnostically, as it is commonly used in research literature to refer to depression in fathers in the postnatal period. However, issues regarding its construction and use will be discussed.

The experiences that the label 'paternal PND' describes are believed to be caused by social and cultural factors (Lee, 2004, 2009) and by the 'unique pressures of fatherhood' (Wright, 2004). Findings of its prevalence vary from 1-2 per cent to over 25.5 per cent in community samples, and from 24 per cent to 50 per cent when the partner was deemed to have PND (Goodman, 2004). Dave, Nazareth, Sherr and Senior (2005) found rates of 8 per cent four to six weeks after birth; Madsen, Juhl and Vestergaard (2006) found around 7 per cent of fathers in Denmark suffer from PND, compared to a rate of 3.5 per cent of 20-50 year old men believed to suffer from depression at any given time; Ballard, Davis, Cullen, Mohan and Dean (1994) found rates decreased from 9 per cent in fathers at six weeks postpartum to 5.4 per cent at six months postpartum.

Goodman (2004) found that the strongest predictor of paternal PND was maternal depression, a well supported finding (including, Areias, Kumar, Barros, and Figueiredo 1996; Bielawska-Batorowicz and Kossakowska-Petrycka, 2006; Pinheiro et al., 2006). Other factors influencing paternal PND include the new mothers' personality difficulties and unresolved past events, infant-related problems (Dudley, Roy, Kelk and Bernard, 2001); the relationship between the new parents (Bielawska-Batorowicz and Kossakowska-Petrycka, 2006; Dudley et al., 2001; Matthey, Barnett, Ungerer and Waters, 2000); adjustment to parenthood, fathers' relationship with either his mother or father and his level of neuroticism (Matthey et al., 2000); the discrepancy between expectations and experiences of family and social life (Bielawska-Batorowicz and Kossakowska-Petrycka, 2006); the status of parents' relationship and living arrangements, with 6.6 per cent of married fathers, 8.7 per cent of cohabiting fathers, 11.9 per cent of romantically involved fathers and 19.9 per cent of not involved fathers suffering PND (Huang and Warner, 2005); gender role stress (Buist, Morse and Durkin, 2003); and economic difficulties (Zelkowitz and Milet, 1997; Bielawska-Batorowicz and Kossakowska-Petrycka, 2006).

Lee (2004, 2009), amongst others, has been critical of the claim that men suffer from PND, and the way it has changed from being a woman's problem to one from which men suffer as well. By being an illness from which men can suffer, PND must be understood as non-biological in origin, with the emotional experience represented as illness. It is argued that what has happened is not just the medicalisation of masculinity, but the increasing pathologising of fatherhood, with fathers represented as made sick by their confusion about their role (Lee, 2009: 168). However, it is clear from the above research that becoming a father can have a powerful emotional impact on men, forcing them to confront their own emotions and expectations and reflect on their identification with their own father (Parr and Joyce, 2009: 53) – and some men may struggle to manage that.

## **Father-child and couple relationships**

Whilst all ‘accounts of socialisation and personality development, following Freud’s lead, have emphasized the crucial importance of early experiences... and the importance of parent-child relationships’ (Lamb and Lewis, 2010: 94) attachment theory and research has primarily focused upon mother-infant interaction, with ‘resistance to simple, descriptive, phenomenological work on the good-enough father’ (Samuels, 1990: 280), neglecting the role fathers play (Barrows, 2009: 77) and relegating fathers to providing support to the mother. However, research *does* show that fathers are important to their children’s development: ‘if fathers are more closely involved with their children, other things being equal, children develop better friendships, more empathy, higher self-esteem, better life satisfaction, and higher educational achievement’ (Layard, Dunn et al., 2009: 18). For example, Learner (2009) describes a growing body of evidence that shows that a good father-child relationship is central to the way young people behave whilst growing up; vulnerable children tend to do worse than better-supported children when father-child relationships are poor or non-existent (Dunn, Cheng, O’Connor and Bridges, 2004); children at risk of maltreatment within their families have higher cognitive test scores, better self-competence and greater social acceptance if they had supportive fathers or father-figures (Dubowitz, Black, Kerr, Starr and Harrington, 2000); children at risk of psychosocial failure to thrive, maternal drug abuse and poverty had better cognitive and language performance when fathers or father-figures were satisfied with parenting, provided financial support and engaged in nurturant play (Black, Dubowitz, Hutcheson, Berenson-Howard and Starr, 1995). Lamb (2010: 10) summarises research on the influence of fathers into three areas: firstly parental characteristics related to warmth, nurturance and closeness are associated with positive outcomes for children, regardless of the parent’s gender; secondly, the characteristics of the relationships that fathers have with their children are much more important than the characteristics of the individual father, with secure, supportive, reciprocal relationships

supporting positive outcomes; and thirdly, fathers play ‘multifaceted roles in their children’s lives and thus influence their children in diverse ways that may vary from family to family, depending on the aspirations and expectations of individual parents, their communities and their cultures’ (ibid: 11). In this way, fathers have both direct and indirect effects on their children (ibid: 8) and relations between these are complex. For example, fathers’ directly influence their children through their language, behaviour and attitudes. Neurobiological research (e.g. Schore, 2001), which ties together attachment theory and research such as Bowlby’s (1969) and Ainsworth’s (1969) with advances in developmental psychology, suggests that fathers play an important role in the development of affect regulation in infants, and can therefore have a direct and positive impact on their children’s psychological health. The ways in which fathers indirectly influence their children are both immensely important and universally recognised (Lamb, 2010: 9) and include, amongst other things, the economic support (or lack of it) the father provides for the child and family; the emotional support they provide to other family members, principally the child’s mother; and their models of behaviour (ibid: 9).

Research shows that fathers may act as a ‘buffer’ between depressed mothers and children, mediating potentially negative effects on the children (Burgess, 2008), but that fathers’ poor mental health, and particularly depression in a new father, has negative and potentially long-lasting effects on his children, including on their early behavioural and emotional development and particularly with sons (Ramchandani et al., 2005); on negative infant temperament (Dave et al., 2005); father-child conflict and internalising and externalising psychopathology in children (Kane and Garber, 2004); on overall family health and well-being (Goodman, 2004). This association between paternal mental health and child health and well-being accentuates the need to address fathers’ psychological health and paternal depression as a consideration in its own right (Ramchandani et al., 2005) and to work with fathers in public services (Lloyd, O’Brien and Lewis, 2003; Learner, 2009). This suggests



that if fathers can be reached earlier by support services, such as counselling psychology interventions, there might well be a positive, longer term, inter-generational impact. This research question clearly relates to understanding the importance of fathers; it links with and complements guidelines from the National Institute for Health and Clinical Excellence (NICE) (2007) on how families may be able to support women with mental health problems such as Post Natal Depression and get support for themselves; and there is clearly a preventative aspect, related to issues to do with infant, child and adolescent mental health, working with parents to minimise the risk of mental health problems in children and adolescents, through looking at parents' experiences and parent-child relationships.

The couple relationship and wider family relationships are also important here, as the fathers' role will depend on the nature of his relationship with the mother of his children (Lewis, 1986: 13), with a positive paternal influence most likely when the fathers' relationships with his partner, ex-partner and other children, establish and maintain 'positive familial contexts' (Lamb, 2010: 11). Both parents will approach parenthood with their own memories and experiences, to produce the emotional climate in which the baby will develop, suggesting that both parents need to be involved in any therapeutic interventions with infants, if the optimal outcome is to be achieved (Barrows, 2009: 77). Morse, Buist and Durkin (2000) found that emotional support from partners was reported as particularly important to new parents, with nearly two thirds of Chalmers and Meyer's (1996) sample of fathers rating support from partners as the most important form of support. However Henderson and Brouse (1991) found that many parents felt unable to support their partners because of their own distress, showing the importance of working with the parental couple and the wider family. Scopesi and Repetto (1990) found that the psychological 'work' of couples before the arrival of their first child involves coming to terms with their feelings about three generations of their families – their parents, themselves and their expected children (Lewis, 1990: 281).

## **Including and involving fathers**

One suggestion from research with fathers is that until they are actively ‘included’ they are being ‘marginalised’ (Fletcher et al., 2006: 461). The mental health charity Mind, has said that they are ‘acutely aware of a lack of facilities for men’ (cited in Sheringham, 2003) and Alabaster (in Lee, 2004) who set up a programme to support fathers identified as suffering, or diagnosed, with PND, believes that fathers are often excluded from the care that is provided in preparations for birth and postnatally, but that inclusion can only take place if fathers’ ‘psychological needs’ are addressed. Ashley, Featherstone, Roskill, Ryan and White (2006) suggest that practitioners and policy makers usually approach father-child relationships casually or at worst with hostility, particularly when fathers are vulnerable.

Lee (2009: 172) has questioned whether the idea of including men in perinatal health services and care is a way of validating professional interventions, but as Edie and Loewenthal (2007: 183) write, it ‘cannot be ignored that fathers-to-be and new fathers are involved’ supported by the finding that in 2003 over 90 per cent of fathers took paternity leave at the birth of their child (Department for Children, Schools and Families, 2010) and by research from the Fatherhood Institute (Fatherhood institute, 2010a) showing how fathers’ involvement with their children has increased enormously over the last 30 years:

- 48 per cent of fathers attend ante-natal classes and 86 per cent attend at least one scan
- 93 per cent of fathers who live with the mothers of their children attend the birth
- 93 per cent of fathers sign their babies’ birth certificates
- Whilst the average time spent by fathers of young children on childcare has increased eight-fold since the 1970s, 82 per cent of full-time working fathers said they do not get to spend enough time with their family

As a result of research showing how fathers are important to their families, how parent's impact their children's outcomes and how fathers want to be involved, the previous Labour Government 'placed greater emphasis' on policy around parenting (Stanley and Williams, 2005: 34), such as the integration of services delivered through Sure Start and Children's Centres. '*Support for All*', the families and relationships green paper (Department for Children, Schools and Families, 2010), pledged to:

- host a summit with health professionals, fathers and third-sector organisations to build a consensus on the importance of maternity services actively engaging fathers around the birth of their child, and to share best practice and practical examples in how to achieve it (page 58)
- support plans by the Royal College of Midwives to produce professional guidance for their members on how best to engage fathers around the birth of their child, which also highlights the benefits for child and mother in doing so (page 7)
- ensure the free Bounty Packs given to women will also now include a guide specifically designed for fathers written by the Fatherhood Institute (page 7)
- publish a Think Fathers practice guide to promote father-friendly working practices to both employers and employees (page 11)
- explore the barriers to taking paternity leave faced by fathers not eligible for statutory paternity pay, and examine the merits of introducing a paternity allowance (page 10)
- review the notice period for the two-week paternity leave period (page 10)
- enable fathers, from April 2011, to take up to six months of additional paternity leave if the mother returns to work with maternity leave outstanding. Up to three months of it may be paid if taken during the mother's maternity pay period (page 61)

- take steps to ensure Children's Centres are exemplars for other local services in how to make services accessible and welcoming to all family members (page 111)

### **Approaches to supporting and working with new fathers**

Researchers and practitioners have come to different conclusions about how father's needs should be specifically addressed. Support seems to fall into two approaches: general support, covering practical and, or, emotional issues (either directly through groups, for example, or indirectly through information leaflets, magazines or websites) or in more specifically therapeutic interventions, both pre- and postnatally. Whether the primary focus is preventative or therapeutic, most successful interventions are based on developing parent-child relationships, helping both the child and parent to learn to adapt successfully to each other (Brazelton, Koslowski and Main, 1974).

The following section aims to give an overview of some of the research and practice from both approaches.

### **Supportive approaches**

Interventions to support expectant or new fathers may be practical or emotional, but research shows that they can be beneficial. Thus, for example, a meta-analysis of interventions aiming to enhance positive parental behaviours found that those involving fathers were more effective than those only involving mothers (Bakermans-Kranenburg, Van Ijzendoorn and Juffer, 2003).

The starting point for support, practical and/or emotional, is likely to come in the form of antenatal classes, in preparation for birth. These are provided by the NHS and by charities

and other organisations, most notably the National Childbirth Trust (NCT). Bradley et al. (2004: 46) discovered that fathers found the tone adopted towards expectant fathers in antenatal classes to be patronising, and the authors suggest that these experiences might encourage men to neglect their personal support needs and focus entirely on the support needs of their partner. Indeed, the men generally interpreted the researchers' questions about support to be about help received by women; they did not automatically reflect upon the support they had received as fathers. Daws (2009: xv) writes that given the challenging nature of the transition to parenthood, support services need to focus on emotional preparation, rather than just practical. A variety of different approaches to providing emotional support either alongside or separate from practical parenting skills has been developed by practitioners from diverse backgrounds, with a variety of different foci, either to parents together or individually:

- As a direct response to research showing the impact that involved fathers have on the well-being of mothers and children, the Fatherhood Institute developed the 'Hit the Ground Crawling' (HTGC) antenatal training programme for expectant fathers. Facilitated by trained midwives, health visitors or Children's Centre staff, HTGC gives groups of expectant fathers an opportunity to learn childcare skills from new fathers and their babies, and provides 'a popular and sustainable way of engaging with expectant and new dads during the period when they're most receptive to parenting interventions' (HTGC, 2009). It was developed from a scheme in the United States called 'Boot Camp for New Dads' (BCND) which describes itself as a 'father-to-father, community-based workshop that inspires and equips men of different economic levels, ages and cultures to become confidently engaged with their infants, support their mates and personally navigate their transformation into dads' (BCND). The philosophy of these courses is on engaging fathers and encouraging their involvement and commitment to their families.

- Parr (Parr and Joyce, 2009) a counselling psychologist, describes in a recent book on infant mental health in practice, a four-stage integrative model called 'First Steps in Parenting'. This is an evidence-based parent-infant programme for the antenatal and postnatal period, designed to help parents build strong and nurturing relationships with their infants. The programme involves learning communication and problem-solving skills for family life, to develop a framework in which to manage potentially challenging experiences, so that parents can respond to their infants sensitively and confidently. The programme, which is designed to complement traditional antenatal classes, provides thirty-seven hours of structured support to four to six couples and their infants, through eight weekly two-hour group sessions in pregnancy, a one-hour home or hospital visit soon after birth and ten weekly postnatal group meetings. Parr and Joyce (2009: 54) describe the programme as 'manualised but flexible and non-prescriptive', delivered at an 'educational and counselling skills level' (ibid.: 55), with no analysis or interpretation of parent or infant behaviour offered and with evaluations of the programme showing high levels of parental satisfaction.
- In the same book on infant mental health, Underdown (2009: 20) describes an infant massage class for fathers on a Saturday morning. The fathers reported that they valued the opportunity to share their experiences with other men who were also developing their new roles as fathers, and did not have any other forums for this type of discussion elsewhere in their lives.
- Other specific programmes for parents described include the Solihull Approach (Douglas and Rheeston, 2009) which supports practitioners working with children and their families, antenatally and in the early years. The Solihull Approach is underpinned by the concepts of containment (Bion, 1967) from psychoanalytic theory, behaviour management (Skinner, 1938) from social learning theory, and of reciprocity

(Brazelton et al., 1974) to help parents to process their emotions and anxieties, and enabling them to help their baby or child cope with his emotions and anxieties. It helps the practitioners and parents to understand how the parents and child interact, providing feedback in order to facilitate the relationship and help parents work with their child's behaviour (Douglas and Rheeston, 2009: 31).

- Programmes such as the European Early Promotion Project based on the Family Partnership Model are designed to focus on preventative strategies through holistic, family-centred interventions, aiming to prevent psychosocial problems developing in children by promoting the well-being of babies and families (Davis, 2009). Whilst not directly aimed at supporting fathers, such projects focus on supporting families to adapt to their baby's arrival.
- Case studies from the Fatherhood Institute (Fatherhood Institute, 2010b) show how successful Children's Centres can be at supporting fathers, but that this often involves a trial-and-error approach to encourage men into the centres and to become involved in the activities. In a report about a weekly dad's group at the Willow Children's Centre in Islington, London, the manager describes how the group was initially promoted as a counselling session. When almost no-one came, it was changed to a more informal, no-agenda morning with breakfast, which appealed far more (Hofkin, 2008).
- Fletcher et al. (2006) suggest that information and advice could be provided by clinicians for expectant and new fathers. Advice about common stresses experienced by new fathers and the use of the EPDS (Edinburgh Postnatal Depression Scale) as an aid to seeking appropriate help (from the GP, for example) could be included, as well as a letter or brochure outlining the importance of a father's well-being to himself and

his family. This seems to be the idea behind the new booklets for expectant fathers, to be given out in the Bounty packs given to expectant mothers.

- Websites, web-based forums, web-groups and blogs aimed specifically at fathers, such as the NCT E-Dads group, are numerous, providing practical and emotional support in every imaginable area. Perceived social support may be protective for new fathers (Castle, Slade, Barranco-Wadlow and Rogers, 2008), and it may be that such relatively new sources of support play an important role in men's transition to fatherhood in the 21<sup>st</sup> century, although this is not yet explored in the research literature.

### **Counselling and psychotherapeutic interventions**

Edie and Loewenthal (2007) looked at whether there is a need for counselling for expectant and new fathers, in an attempt to explore ways of addressing the needs of expectant and new fathers. They found that all five of the fathers they interviewed expressed the need for more information and support to deal with their 'uncertainties and insecurities' about their partner's pregnancy (ibid.: 189). They all reported that the postnatal period was difficult and found the midwife's visits reassuring, knowing that they would have an opportunity to discuss problems (ibid.: 190). Four out of the five felt there was a need for a counselling service for expectant and new fathers but were uncertain about how it could be achieved, although their responses ranged from feeling that reassurance and information may be all that is necessary to feeling that midwives played an important role in helping them talk about their emotions (ibid.:190). From these findings Edie and Loewenthal suggested that counselling should be made available to both expectant and new fathers as part of midwifery services so that the father would be better able to deal with his own questions and anxieties and to support his



wife and baby (ibid.: 194). They write that although the need for counselling is recognised by professionals, and was campaigned for through the NCT, pressure groups and other organisations (Winterton Report, 1992), not much research has been done exploring how to set up such a service (Edie and Loewenthal, 2007: 183).

Currently, in England, if a new father was experiencing emotional difficulties after the birth of a child, or was feeling depressed or anxious, his first source of professional support would be likely to be his General Practitioner (GP), who, depending on the services provided in the NHS trust might prescribe medication, refer for counselling or refer to the first stages of a Stepped Care approach described by the Improving Access to Psychological Therapies (IAPT) programme. GPs may also direct to other services, e.g. a private counsellor or psychotherapist, or a community or workplace counselling service. The IAPT programme was launched in May 2007 with the aim of supporting Primary Care Trusts to implement NICE guidelines for people suffering from depression and anxiety disorders. The IAPT programme recommends that psychological therapies are provided as part of a stepped-care system staffed by low-intensity workers (trained in Cognitive Behaviour approaches, including guided self-help and delivering psycho-educational groups) and high-intensity workers trained in Cognitive Behaviour Therapy (CBT) for people experiencing moderate and severe depression and anxiety disorders. Following that, the father would be referred to whatever secondary care mental health services operated in his area.

However, men are less likely than women to consult their GP (Wheeler, 2003) and may also have difficulty in identifying and expressing what they are experiencing (Millar, 2003: 21). Those who have been identified as experiencing depression or anxiety are more likely to normalise or attribute somatic causes to their symptoms, meaning in turn that the GP may well miss detection of their psychological distress (Kessler, Lewis and Pereira-Gray, 1999), supporting the finding that GPs are less likely to identify a psychological problem if the

patient is a man (Goldberg and Huxley, 1980). More recent research (Smith et al., 2006) has found that whilst doctors understand that a complex range of individual, social and practical factors will contribute to men's reluctance to consider psychological issues, doctors, especially younger ones, would welcome the support of counselling colleagues in pairing mental health assessment with routine physical consultations.

A pilot scheme was launched in Essex in 2003 by Mary Alabaster, manager of maternal mental health services at the South Essex NHS Trust, in association with Mind, under the slogan 'Fathers Matter. Listen!'. The project aimed to train health workers to carry out pre- and post-natal interviews with fathers on how they are coping, to score them for vulnerability to PND as well as mothers, and provide information for men about where to go for psychological support. A helpline staffed by fathers trained in counselling skills was also set up (Durham, 2005): 'Fathers e-mail me and I screen them to ensure that they are appropriate for the volunteer dads, if not I will respond with the appropriate advice and as much as possible signpost the father to various services' (Alabaster, personal correspondence, 11<sup>th</sup> January 2008). However, the project appears to have finished, with no more recent evidence or reviews of its achievements being available.

In Australia, Davey, Dziurawiec and O'Brien-Malone (2006) set up a 6-week group treatment programme for male sufferers of PND and found that 'coping was assisted by participation in the men's group. Men reported lowered levels of depression and stress, and higher levels of social support as a result of their participation.' In the US, Ganesh (2003) set up a programme, as part of a dissertation, to screen and treat PND in both mothers and fathers. The programme was designed to improve the quality of care for the expectant parents and to be part of the obstetric services, funded by patients and third parties and providing individual, couple, family and group therapies, incorporating a cognitive behaviour approach with a 'psycho-educational component'.

## **Conclusions: the researcher's position in relation to the literature**

In writing this literature review it has become clear just how broad a topic this is, and what a challenge exists for researchers and practitioners to integrate their understanding of men's approach to psychological issues with existing and potential services. Whilst many researchers have argued for increased support for new fathers (e.g. Davey et al., 2006; Fletcher et al., 2006; Ramchandani et al., 2005), the pathologising of fatherhood through a focus on men's maladaptation to fatherhood, both physiological and psychological, has meant that men have rarely been given the opportunity to describe their own experiences (Draper, 2002). The idea that men's voices have not been heard is one that is repeated throughout the literature (e.g. Edie and Loewenthal, 2007) and there is a dearth of research on whether counselling and psychological interventions specifically have a place in addressing fathers' needs. The current research is an attempt to rectify this situation by giving a comparatively small group of fathers an opportunity to describe their own experiences and consider the support they received and/or would like to have received on their journey into fatherhood.

This research study is not setting out to create or to advocate a distinct professional role for counselling psychologists in relation to new fathers, but to discover whether, and if so, how, they might fit into current service provisions, or whether they might have something specific and particular to offer to new fathers. Counselling psychology's knowledge and skill base, as described earlier, could fit into a variety of areas discussed above; and the ability of counselling psychologists to work from a variety of approaches suggests that, *prima facie*, they may have important skills which could be of interest and use for work in this area. However, Furedi's (2008: 109) challenging argument that the provision of counselling advice risks diminishing people's capacity to negotiate the psychological problems that they encounter serves as a warning to take great care in retaining counselling psychology's non-pathologising, empowering stance (Cooper, 2009: 120).

## **Summary conclusion**

This chapter has outlined literature from a variety of disciplines, sources and approaches, to explore the transition to fatherhood and men's mental health and help-seeking behaviour. Chapter 3 will consider the qualitative methodology used in the current research.

## **Chapter 3 – Methodology**

This study has employed a qualitative research methodology. Counselling psychologists were asked to complete a partially structured, relatively open-ended questionnaire to explore their perceptions of men's experiences of fatherhood, fathers' well-being and mental health needs; and the psychologists' thoughts about what role, if any, counselling psychology might have in supporting fathers in terms of assisting the transition to fatherhood. Fathers, in the first five years of fatherhood, were also interviewed in order to explore their experiences of fatherhood, and their understanding of their own well-being.

### **The key principles and assumptions of qualitative research**

Interest in qualitative research in psychology has been growing in recent years, and is also gaining credibility in psychotherapy research (Dallos and Vetere, 2005: 49), in contrast to an historical emphasis on positivism as the dominant methodological viewpoint (Willig and Stainton-Rogers, 2008; Smith, 2008). Positivism has been argued to hold the view that only observable or testable events have a claim to truth (Ashworth, 2008: 10). To the extent that it is meaningful to speak of 'positivism' as a legitimate category of research, it commonly uses quantitative, deductive research methods to make predictions about universal causal laws in order to develop what are claimed to be objective realities or truths. Qualitative research methods, by contrast, commonly consider there to be multiple versions of reality, truth or knowledge, and they aim to explore, describe and interpret participants' personal and social experiences, and to use inductive methods to generate theories, rather than to test preconceived, often narrowly defined theories or hypotheses on large samples or populations.

## **Questionnaires**

Open-ended questionnaires were used with counselling psychologists because they can generate valuable data for both theory and practice, particularly when there is a limited time available to conduct the research (McLeod, 2003: 79). Although open questions can be time consuming to analyse, compared with closed questions, they may allow for real discoveries (Gillham, 2000: 70) and in the current research, the use of questionnaires reduced the time needed for data analysis, compared with interviews, as recordings did not need to be transcribed, thus allowing more time to be spent on the interviews with new fathers and subsequent data analysis. This in turn very much placed the emphasis of the research and methodology on new fathers' experiences. Before it was sent to participants, a pilot study of the questionnaire was trialled by a small group of counselling psychologists and revised according to the received feedback to ensure that it was clear and unambiguous.

## **Interpretative Phenomenological Analysis (IPA)**

Interpretative Phenomenological Analysis (IPA) was developed in the 1990s by Jonathan Smith, at Birkbeck College, University of London. It originated in the psychology field, but is increasingly used in a variety of disciplines in the human, social and health sciences (Smith, Flowers and Larkin, 2009: 1). IPA is a qualitative approach which is concerned with examining and understanding how people make sense of their experiences, and with exploring their relatedness to, or involvement in a particular phenomenon. IPA studies tend to focus on issues to do with identity and sense of self, issues that are important to people, that are emotive, and which may be ongoing over the life span. IPA assumes that people hold relatively stable 'cognitions, beliefs or schemas' that they can access through interviews and are capable of reflecting upon (Dallos and Vetere, 2005: 58).

IPA has three key philosophical influences: phenomenology, hermeneutics and idiography, each discussed below:

## **Phenomenology**

Phenomenological philosophy is concerned with the study of human experience. More specifically, it is concerned with identifying the essential qualities of lived experience, and with how individuals understand and talk about objects and events. Major phenomenological philosophers include Husserl (1982), Heidegger (1962/1927), Merleau-Ponty (1962) and Sartre (1956/1943). Husserl (1982), considered to be the founding father of phenomenology, was concerned with the study of human experience, consciousness and intentionality, the way that as intentional beings we make sense of the world, what we perceive to be our world, and how our personal and cultural history helps determine how we perceive (Loewenthal and Snell, 2003: 18).

Heidegger (1962/1927), Merleau-Ponty (1962) and Sartre (1956/1943) drew on and extended Husserl's work, contributing to a view of people as existing and embedded in a world of others. Heidegger, a student of Husserl's, was concerned with 'Dasein' which translates as 'there-being' or 'being-in-the-world'. Through this he argued for the significance of inter-subjectivity, that we cannot think of ourselves as separate from others, and that relatedness is a fundamental part of our being, so as the philosopher Nagel (1986) describes it, there is no such thing as a 'view from nowhere'; rather, we are always and necessarily located and involved (Larkin, Watts and Clifton, 2006: 106). Merleau-Ponty considered the embodied and inter-subjective nature of consciousness (Loewenthal and Snell, 2003: 32) and how that led to the individual's perception of and engagement with the world. His later work places an emphasis on language as more than just the expression of the speaker or writer's thought,

but as expressing their involvement with reality (ibid.: 33). Sartre reiterated Heidegger's emphasis on the worldliness of experience, emphasising the importance of the context of personal and social relationships, so that we conceive of our experiences as contingent upon the presence and absence of our relationships with other people (Smith et al., 2009: 20). The works of Heidegger, Merleau-Ponty and Sartre drew on and developed that of Husserl towards a more interpretative focus on understanding our involvement and relationship with the world, and others (Smith et al., 2009: 21), the implication being that it is not possible to remove ourselves, our thoughts, or our meaning systems from the world (Larkin et al., 2006: 106), thus in turn challenging the positivistic ideal of objectivity commonly held in the 'hard' sciences.

## **Hermeneutics**

Hermeneutics is concerned with people as interpreting and sense-making individuals. Heidegger's theory of *Dasein* proposes that our engagement with the world is always through interpretation; you cannot see yourself on your own, but need another there to provide interpretation (Loewenthal and Snell, 2003: 18). In IPA the researcher is involved in understanding how a phenomenon appears so that IPA research is inevitably interpretative as the researcher attempts to understand their participant's attempts to find meaning in their experiences and relationship to the world. A 'double hermeneutic' (Smith and Osborn 2003: 51) also exists as the researcher tries to make sense of the participant trying to make sense of their world.

Access to the participant's experience depends on and is complicated by the researcher's own assumptions and experiences, which Heidegger named 'fore-conception' (Heidegger, 1962/1927: 195). The researcher will inevitably bring their own frame of reference to the



research, for example in their gender, professional or cultural experiences, beliefs and assumptions, and these could potentially impact on the way the researcher looks at a phenomenon. However, Gadamer (1990/1960: 267) believed that the researcher may only really come to understand their fore-conception once the process of interpretation has begun, and may revise it constantly, so that the process of understanding and interpretation is dynamic, requiring the researcher to be open. Thus, in IPA the researcher is encouraged to be actively reflexive in their practice rather than simply to bracket off their own assumptions and experiences (Smith et al., 2009: 25).

It is this focus on the interpretation of the meaning of experiences, on the multiplicity of meanings and on the researcher's fore-conception which is central to the hermeneutic tradition, as taken up by Gadamer and Ricoeur (Kvale, 2007: 21). Ricoeur (1970) distinguished between a hermeneutic of empathy, where the experience is understood in its own terms, and a hermeneutic of suspicion, which attempts to explore the phenomenon using theoretical perspectives. Successful IPA research combines both these stances to find a centre-ground position where a hermeneutics of empathy is combined with a hermeneutics of 'questioning', where the researcher wants to both stand in the participant's shoes *and* stand alongside them (Smith et al., 2009: 36).

### **Idiography**

Unlike nomothetic inquiry which is concerned with making generalising, law-like claims about a group or population, idiographic research is concerned with the individual, focusing on the particular. This is demonstrated in two ways, firstly in the depth and detail of analysis of each case, and secondly through the use of small, purposively-selected samples, often single case analyses (Smith et al., 2009: 29). IPA moves from single case analysis to more

general statements, but allows the researcher to return to particular statements from individual participants, and this detail brings the researcher closer to ‘significant aspects of the general’ (ibid.: 32) so that whilst not setting out to make claims for the general, IPA may be able to contribute to understanding the general, perhaps by making links with existing psychological theory, research and practice.

## **Rationale for using both questionnaires and IPA**

Multi-perspectival studies, studies which use two different groups of participants to provide different perspectives on a phenomenon, are useful, because they provide a form of triangulation, a method of enhancing understanding of a phenomenon by viewing it from different perspectives (Yardley, 2008: 240). Clare (2002) and Larkin and Griffiths (2004) carried out IPA research with two different groups of participants in order to provide different perspectives on a phenomena, however in this study, the emphasis of the methodology was placed on new fathers’ experiences whilst maintaining a strong link to the practice of counselling psychology by using questionnaires with counselling psychologists, to uncover their experiences.

Careful consideration was given to the increasing number (Dallos and Vetere, 2005: 49) of qualitative research methodologies, before IPA was chosen over other approaches. This section aims to provide a clear justification for this choice. Four broad categories of qualitative research were considered: interpretive theme analysis approaches; discourse analysis approaches; narrative analysis approaches; and a case study approach.

Interpretative theme analysis approaches hold that people have relatively constant ways of viewing their experiences and the researcher’s task is to get as close to the participants’ beliefs, schemas, cognitions and themes as possible (ibid.: 52). Discourse analysis

approaches believe that language is central to the construction of human experience and that understanding, explanations and ideas are constructed depending on who the individual is interacting with. In discourse analysis researchers want to explore how meaning is constructed in social relationships, and how discourses, and the power relations they reflect, change over time, and social and cultural contexts (ibid.: 63). Narrative analysis approaches focus on how people give meaning to their lives through stories or accounts, and the feelings these evoke in people (ibid.:52). Case studies attempt to provide a detailed, holistic analysis, using multiple source materials, and exploring the process of change, possibly over time (ibid.: 52).

Given that the purpose and aims of the current research, described in detail in Chapter 1, were to explore what needs new fathers might have, relevant to counselling psychology, an interpretative theme analysis approach was considered most appropriate in order to ‘understand and represent’ (ibid.: 53) the participants’ beliefs and experiences, extract major themes and issues and to connect these.

IPA was chosen over the ‘main alternative’ (Smith et al., 2009: 201) interpretative theme analysis approach of Grounded Theory, which aims to make ‘more ambitious claims to develop formal (generalizable to a broader population) theory’ (Dalloos and Vetere, 2005: 53), for several reasons: IPA is ‘likely to offer a more detailed and nuanced analysis of the lived experience’ (Smith et al., 2009: 202) than Grounded Theory, so is appropriate when trying to understand how individuals make sense of their world, allowing the researcher to explore participants’ subjective experiences to discover their understandings and feelings about their transition to fatherhood; although it is important for the researcher to avoid ‘prior assumptions’ in the interview (Reid, Flowers and Larkin, 2005: 20), the researcher will have questionnaire responses from counselling psychologists about their experiences of working with new fathers. In light of this knowledge it would be impossible to carry out a qualitative

research study which required the researcher, as far as possible, to approach the fathers without any previous knowledge, such as is necessary for conventional Grounded Theory research (McLeod, 2003: 88). The methodological implications of carrying out the interviews after administering the questionnaires are important, for although information from the questionnaires did to some extent feed into and inform the interviews regarding the themes explored, it was important that the researcher did not make assumptions about the fathers' experiences based on the counselling psychologists' responses, and gave the fathers time and space to explore their own experiences. The researcher would argue that by conducting a thorough literature review and through her own experiences it would be virtually impossible to approach the topic with no thoughts or ideas about what might be said in the interviews. IPA acknowledges that the researcher approaches the research with their own assumptions, experiences and beliefs, and so as explained above, this places great importance on the researcher being actively reflexive. The researcher kept a reflective journal throughout the process of the research in order to attempt to keep a check on potential sources of partiality or disadvantage resulting from having the phenomena influenced or framed by the counselling psychologists and the literature review, and in order to be as open as possible to the experiences of fathers.

IPA is a 'rigorous and systematic' approach which can be used to inform service planning and delivery (Dallos and Vetere, 2005: 60), and one which fits well with the role and experience of a counselling psychologist as researcher, as counselling psychologists are trained and experienced in thinking about their client's experiences. Because of this and because of their experience of working one-to-one with clients, IPA seems to be an appropriate approach for a counselling psychologist to use. The IPA literature (e.g. Smith and Osborn, 2003) suggests that the researcher may become quite close to the participant, potentially an important part of the interview process if the participant is to be open and

honest; but as a counselling psychologist the researcher will, of course, have a strong awareness of boundaries and the ethics of such an encounter.

Madill, Jordan and Shirley (2000) identify three broad epistemological positions within qualitative research which influence research and analysis: realist, contextual constructionist and radical constructionist, which they equate respectively with the paradigms of natural science, human science and post-structuralism, and each of which has different implications for conducting and evaluating research. They argue that criteria such as objectivity and reliability are only appropriate in evaluating qualitative research when the research is conducted in a naive or scientific realist framework. IPA adopts a contextualist position, as data is seen as being rooted in the particulars of the time, place and situation in which it was collected. The researcher's context, their own position, background, professional interests and knowledge, as well as bias and preferences, are also central. IPA is also constructivist as it does not subscribe to a realist ontology but rather to a more relativist position where truth is co-constructed between the participant and researcher, both of whom are situated and contextualised in ways that impact on the way the material is viewed.

The methodology was therefore chosen in part to maintain strong links with the practice of counselling psychology, whilst giving new fathers a voice and keeping the focus on elucidating their experiences. It is hoped that this facilitated the discovery of fathers' understanding and feelings about being a father; what role, if any, counselling psychology might have in supporting them; and counselling psychologists' understanding about their role in working with new fathers.

## Participants and sampling

All materials used in the research can be found in the Appendices.

The first group of participants in this study consisted of counselling psychologists who have worked with new fathers in some way in their clinical practice.

- Seventy personal, individual emails (Appendix 3), with the Recruitment Information (Appendix 6) attached, were sent to counselling psychologists whose names were found on the British Psychological Society's (BPS) list of registered psychologists with an expressed interest in working with families or men. A personal, individual follow-up email (Appendix 3) was sent approximately two weeks later, with the Recruitment Information, the Participant Consent Form (Appendix 8) and the Questionnaire (Appendix 9) attached.
- A further 120 personal, individual emails (Appendix 3) were sent two weeks later to counselling psychologists whose names were found on the BPS list of registered psychologists with the Recruitment Information, the Participant Consent Form and the Questionnaire attached.
- A group email (Appendix 3), with the Recruitment Information, the Participant Consent Form and the Questionnaire attached, was sent to 50 further counselling psychologists whose names were found on the BPS list of registered psychologists.
- An advertisement was posted in *The Psychologist* magazine (Appendix 4), the monthly publication of the BPS (February 2010: 95), circulation over 46,000, inviting counselling psychologists who work with, or have worked with, new fathers to contact the researcher to complete a questionnaire.

- An advertisement was posted in the Division of Counselling Psychologists' email newsletter (Appendix 4) on 11<sup>th</sup> May 2010, again inviting counselling psychologists who work with, or have worked with, new fathers to contact the researcher to complete a questionnaire.
- A poster (Appendix 1) requesting participants was posted on the notice board of a large counselling service, employing many counselling psychologists, in South West London.

The second group of participants consisted of fathers, within the first five years of fatherhood, who took part in semi-structured interviews with the researcher.

Sampling is an important part of IPA. Small samples are recommended as IPA is concerned with detailed accounts of the individual's experience and the complexity of human experiences. Studies therefore tend to concentrate on a small number of cases. In a review of 65 papers using IPA, Reid et al. (2005) found the mean number of participants to be 15; and Brocki and Wearden (2006), in a review of 52 papers, found researchers used between 1 and 30 participants. However, over time sample sizes are getting smaller; with single case studies being increasingly used (Smith et al., 2009: 38). For a professional doctorate research project, such as the PsychD, between four and ten interviews are recommended, with the focus clearly on the quality, rather than quantity of analysis and reflection (ibid.: 52). In light of these considerations and the practical logistics of finding suitable participants, a sample of eight fathers was recruited for this study, as this number was considered large enough to provide detail for the research, whilst also allowing the researcher to focus on a detailed account of individual experience.

IPA does not aim to make general claims about all groups but rather to report in detail on a particular group, based on variables appropriate to the study. In order to do this, IPA

researchers use ‘purposive sampling’ (Chapman and Smith, 2002) to find a fairly homogeneous sample to whom the research question will be relevant and meaningful. The homogeneity of the sample will vary from study to study depending on the topic being investigated, and does not necessarily intend to privilege the particular group as the only interesting group, but to use it as a starting point for further investigation, in order to gradually build pictures of larger populations (Smith et al., 2009: 49). The sampling used in IPA has been compared to that employed by anthropologists conducting ethnographic research in a particular community, where research is conducted within a particular cultural frame, and although not claiming to say something about all cultures, may add to other studies to gradually make more general claims (ibid.: 51).

The initial sampling criterion adopted in this study was for fathers with children under the age of five, who used, had used, or had contact with Children’s Centres (formerly known as Sure Start centres) in the researcher’s borough in South London. The eleven Children’s Centres in the researcher’s borough were contacted by letter (Appendix 2) about the study with recruitment posters (Appendix 5) and information for fathers (Appendix 7), followed up shortly afterwards with a telephone call.

When there was no response from any of these centres, opportunity sampling was employed, stemming from the researcher’s own contacts (Smith et al., 2009: 49), asking friends and colleagues with young children to pass on information about the study to people they knew who had young children. Information was also sent to members of National Childbirth Trust (NCT) groups and snowball sampling was carried out as participants sent information to their friends, colleagues or family members.

The first four fathers who contacted the researcher all had university educations and lived with the mothers of their children, so the researcher decided to use these as sampling criteria for future recruitment in order to recruit a relatively homogeneous sample. Sixteen fathers,



none of whom were personally known to the researcher, responded to requests for participants. Interviews were arranged with the first eight who contacted the researcher and who were consistent with the amended recruitment criteria.

Oliffe (2009) has described how researchers often find it difficult to recruit men to take part in research, particularly qualitative research interviews, suggesting that the researcher's relationship with gatekeepers, those who allow access to participants, is central to the recruitment of male participants. It seems likely that the researcher's lack of any direct relationship with the Children's Centres inhibited their interest in being involved in this study, and that snowball sampling, in the form of recruitment requests coming through friends, family or colleagues, perhaps enabled men to feel more comfortable about participating. Draper (2002) found that in contrast to the reluctance that Oliffe (2009) describes, men were keen to participate in her study exploring their experiences of their partners' pregnancy. This seems to have been borne out in this study, with men expressing great interest in participating.

## **Procedure**

After making initial contact with the researcher, counselling psychologists were emailed the Recruitment Information (Appendix 6) outlining the purpose of the research and detailing their proposed contribution. If they reported that they would be happy to proceed, they were invited to read and sign the Participant Consent Form (Appendix 8) and to complete the Questionnaire (Appendix 9). Once this was received by the researcher they were sent the Debrief (Appendix 11) form to read and were asked to return a signed copy to the researcher. The Debrief form outlined sources of support available to participants if they were distressed by any issues raised by taking part in the research.

Fathers who contacted the researcher, by email, were sent the Recruitment Information for Fathers (Appendix 7). If they were happy to participate in the research, arrangements were then agreed for carrying out the interviews. Dates, times and locations were arranged between the researcher and participant to be as convenient as possible for the participant.

At the beginning of the interview, participants were invited to read and sign the Participant Consent Form (Appendix 8), and at the end of the interview time was made available for participants to ask questions or think about issues that may have come up during the interview. Participants were then asked to sign the Debrief form (Appendix 12) which outlines other sources of support available to the participants, should they need it.

In an IPA interview the researcher has one question, the research question, which they wish the participant to think about, but also several subsidiary questions which can be used if required and which might help to ease the researcher's anxiety about the open nature of the interview. Semi-structured interviews allow the researcher and participant to engage in a dialogue, allowing the researcher's initial questions to be modified in response to the participants' responses, with the participant being enabled to take the lead in where the interview goes (Smith and Osborn, 2003: 57).

In this study, the research question is, 'what needs do new fathers have which are relevant to counselling psychology?' This is a very broad question, so an opening request was made of the participants to tell the researcher about their experiences of becoming a father. Other questions were asked from this starting point, depending on the participants' responses and the researcher had a list of subsidiary questions (Appendix 10) to use as prompts.

## **Ethical practice**

This research was carried out with ethical approval from the Ethics Committee of the then School of Human and Life Sciences at Roehampton University, and according to British Psychological Society (BPS) ethical principles (2004; 2009a; 2009b). BPS principles state that participants can expect to be treated with the highest standards of consideration and respect by researchers. Thus:

- No deception was used in this study, and the full objectives of the research were provided in the Recruitment Information (Appendices 6 and 7), allowing participants to provide their fully informed consent. Fathers were provided with copies of their transcribed interviews and initial analysis, with an opportunity to feed back to the researcher.
- No payments were made to any participants.
- Participants were debriefed after having taken part in the study. This took the form of a written debrief for counselling psychologists, who were sent the Debrief form (Appendix 11) via email, and invited to discuss any issues arising with the researcher. For the fathers, an oral and written debrief (Appendix 12) were provided at the end of the interview. The Debrief Forms outlined sources of support available to participants if they were at all distressed following the interview.
- Participants were informed at all stages of the research that they had the right to withdraw, both from participating and to withdraw their data, at any time. The Recruitment Information (Appendices 6 and 7), the Participant Consent Form (Appendix 8) and the Debrief Forms (Appendices 11 and 12) all explained to participants that they could withdraw their data at any time.

- Participants' identities were kept anonymous and any identifying material in questionnaires or interviews removed. Counselling psychologists were each given a number to identify questionnaire responses and fathers were given a letter to identify their interview transcripts.
- The University's approved risk assessment form was completed, calculating the risk of each hazardous activity of the research process, by scoring the severity and likelihood of risk of each activity, and listing measures to control that risk. Participants were provided with information about the study so that they could judge whether they would feel safe taking part, and were provided with information on sources of support if required after taking part in the research. The Participant Consent Form (Appendix 8) and Debrief Forms (Appendices 11 and 12) explained that participants could contact the researcher, her Director of Studies or the Dean of the School, if they had questions or concerns about the research or issues raised by taking part.
- Research data is stored in line with University and BPS regulations.

Kvale (2007: 23) describes interview inquiry as a moral enterprise, with moral issues present, demanding consideration and action, throughout the inquiry. When planning the research, the value of the knowledge produced needs to be considered in terms of its potential benefits to the wider social context, as discussed in Chapter 1; during the design ethical issues need to be considered so that the study follows guidelines, e.g. the BPS guidelines outlined above; during the interview itself, the consequences for the participants such as stress or self-understanding need to be considered; during transcription, confidentiality needs to be protected and loyalty to the recording maintained; during analysis, the researcher needs to consider whether participants should have a say in how statements are interpreted; and the researcher has an ethical responsibility to ensure that findings are verified and as secure as

possible before reporting, where again there is a concern with confidentiality when reporting private interviews in public (ibid.: 24). The integrity of the researcher and their commitment to moral issues and action (ibid.: 29) are central to the ethics of the inquiry because it is through them that knowledge is obtained. This supports Smith et al.'s (2009: 53) argument that there is an ethical requirement for 'sustained reflection and review' in qualitative research, corresponding to issues discussed in subsequent sections on validity and the researcher's position within the research.

## **Data analysis**

### **Questionnaires**

Questionnaires were analysed using a content analysis as described by Gillham (2000), where the substantive statements in each answer are highlighted, and from them a set of categories or themes developed for each question. This list of themes develops as each is checked, combined or split up. These are then entered into an analysis grid and each answer, where possible, assigned to a theme, along with a verbatim extract to support and bring the theme to life. These findings are written up with interpretation to make sense of the responses to the questions.

### **Interviews**

IPA analysis involves common processes to move from the particular to the shared, and from the descriptive to the interpretative, with a commitment to understanding the participant's view and focusing on the personal meaning-making. The interview transcripts were analysed following procedures described by Smith et al. (2009):

### **Step 1 – Reading and re-reading**

The first stage of analysis involves immersing oneself in original data, so listening to interviews and reading and re-reading the interview transcripts, to ensure that the participant is the focus of the analysis. It may help the researcher to record their own thoughts and feelings, and memories of the interview separately for the time being, in order to maintain this focus.

### **Step 2 – Initial noting**

This step is the most detailed and time consuming as the researcher notes anything of interest. A useful approach is to think about descriptive comments which focus on describing the context of what the participant has said; linguistic comments which focus on exploring their use of language; and conceptual comments which focus on engaging at a more interrogative and conceptual level.

### **Step 3 – Developing emerging themes**

This step involves analysing the exploratory comments in order to identify emergent themes. These should capture what was important at this point in the text although, given the hermeneutic nature of IPA, will reflect the researcher's interpretation.

### **Step 4 – Searching for connections across emergent themes**

This step involves looking for patterns and connections between the emergent themes, to allow identification of the most interesting and important aspects of the participant's account.

This may be done through abstraction, which is developing a super-ordinate theme for a group of themes; polarisation, which involves looking for oppositional relationships between emergent themes by focusing on difference rather than similarity; contextualisation, which is looking at the contextual or narrative elements within the analysis; numeration, taking account of the frequency with which a theme is supported; and function, looking at the specific function the theme plays within the transcript.

Organising themes in different ways can be a useful, creative way of pushing analysis to a higher level. Once the researcher is happy with the patterns and connections they have found, they next attempt to develop a table of super-ordinate themes which shows their development, and refers back to illustrative verbatim extracts of the interview transcript.

### **Step 5 – Moving to the next case**

The steps above are repeated, with each participant's interview transcript treated as a case on its own, which involves bracketing off, as far as is possible, ideas which emerged in the previous case analyses. This helps to maintain IPA's commitment to an idiographic approach.

### **Step 6 – Looking for patterns across cases**

A master table of themes for the group is then developed from the super-ordinate themes for each individual, illustrated with verbatim extracts for each participant. From this, a narrative account is then developed.

## **Levels of interpretation**

IPA is, by its nature, interpretative, but there are different levels of interpretation (Smith, 2004: 44). The analysis should move beyond the descriptive, with the researcher not being too cautious, to a micro-analysis of the text in order to cast further light on the analysis of the whole transcript (Smith et al., 2009: 105), as the researcher offers insights into the meanings behind what the participants have said (Chamberlain, 2001: 19), moving beyond the manifest content of the text to what it reveals and might mean (ibid.: 20). Moving to a deeper level of interpretation makes demands upon the researcher, in terms of ensuring validity and in their reflexivity, as they will necessarily be influenced by their own fore-structures. They have a responsibility to stay grounded and attentive, checking their reading against the text (Smith, 2004: 45).

Analysis might begin with descriptive comments, but move deeper into linguistic and conceptual comments. Links with a more theoretical account may occasionally be drawn to help with analysis, but in IPA these would be marked by a difference in tone and as more speculative (ibid.: 46). The researcher needs to find a balance between an awareness of the point at which the analysis is good enough for the particular task, whilst remaining open to the possibilities of pushing the analysis further (ibid.).

## **Validity**

Validity relates to the degree to which research 'is accepted as sound, legitimate and authoritative' (Yardley, 2008: 235).

Positivistic research, commonly using quantitative methods, has traditionally used comparatively rigid validity criteria which emphasise the alleged objectivity of analysis,



modelled on the hard sciences (Madill et al., 2000). In contrast, qualitative researchers believe that people hold different views about truth and reality.

Yardley (2008: 243) outlines four broad principles for evaluating the validity of qualitative psychology: sensitivity to context; commitment and rigour; coherence and transparency; impact and importance. These need to be applied creatively and flexibly in IPA research (Smith et al., 2009: 184), as appropriate for the individual study.

Sensitivity to context involves recognising, being familiar with and perhaps drawing on the existing relevant theoretical and empirical literature. It means being sensitive to the participants' perspectives and socio-cultural contexts, such as considering the impact that participating may have on the participants, and using open-ended questions so that the participants' responses are not restricted by the researcher's assumptions. In IPA this involves requirements that the researcher has the skills, awareness and dedication to conduct a good interview; that they include a considerable number of verbatim extracts of participants' responses in the report in order to support or corroborate identified themes or patterns, allowing readers to check the researcher's interpretations; and that interpretations are made tentatively and general claims cautiously (ibid.: 180).

Commitment and rigour involve demonstrating that the analysis has been carried out with enough depth and/or breadth to demonstrate new insight into the topic. In IPA this also involves a commitment to the participant, shown by attentiveness during the interview and care in the analysis, and a commitment to developing the skills required to conduct IPA research so that analysis is conducted 'thoroughly and systematically' (ibid.: 181).

Coherence and transparency: coherence is the extent to which the study makes sense as a 'consistent whole' (Yardley, 2008: 248) and contributes to the transparency of the study: 'how well the reader can see exactly what was done and why' (ibid.: 250), which in IPA also

involves recognition of the interpretative nature of the methodology so that the reader is aware of the researcher's position.

Impact and importance of the study will be recognised if the study contributes to our knowledge and understanding, whether through directly practical implications or through theoretical understanding that then leads to practical changes in the real world.

Yardley (2008: 239) proposes five procedures for enhancing the validity of qualitative research: triangulation; comparing researchers' coding; participant feedback; disconfirming case analysis; and providing a paper trail. This research study used triangulation, participant feedback and disconfirming case analysis, whilst aiming to show a clear paper trail of analysis.

As discussed above, this study used a form of triangulation, a way of trying to corroborate the accounts of one person or group with those of another, thus providing a 'credibility check' (Clare, 2002: 141) through the different perspectives on a phenomenon, thus enriching analysis and understanding (Yardley, 2008: 240). In this study the accounts of counselling psychologists who work with new fathers and the accounts of new fathers were both considered, in order to gain a 'richer and broader account' (Larkin and Griffiths, 2004: 229) of the phenomenon.

Participant feedback is obtained by asking participants to comment on the analysis to ensure that they agree. This gives participants an opportunity to express their opinions. It is important to consider that the theories and methods used in analysis may not be clear for lay participants to understand, so considering whether they will be able to relate to the analysis and how their feedback can be used constructively needs to be carefully considered. In this study participants were sent a copy of their transcribed interview, along with an outline of the

analysis of themes considered in the interview, and were asked to feed back on these if they would like to.

*Disconfirming case analysis:* once a set of themes or patterns has been identified from the research interviews, the researcher is encouraged to go back to the data and look for cases which do not fit so that the reader is reassured that the researcher has not just selected aspects which fit their own viewpoint.

*A paper trail:* the researcher should provide a clear trail from the findings in the report back to the raw data so that if the analysis were audited, all stages of the analysis would be transparent. This could involve carrying out an independent audit, but as this study is for a professional doctorate the researcher's Supervisor and Director of Studies have had a major role in assessing these factors.

## **The researcher's position within the research**

IPA is an 'inherently interpretative activity' (Smith et al., 2009: 180) as the researcher tries to make sense of the participant making sense of their experience. The researcher cannot be separated from the research, as he or she is inevitably going to introduce their own frame of reference, their own beliefs, thoughts, ideas and preconceptions, based on their experiences and assumptions, the 'fore-conception' (Heidegger, 1962/1927) or the 'fore-structure' (Smith et al., 2009: 25) referred to earlier. These will be expressed through the choice of research question and in their understanding and interpretation of their participants' responses. It is clearly very important for the researcher to have considered their own position within the research, and how this might impact on its implementation and on the analysis of the results. An initial exploration of the researcher's own fore-structures can be found in Chapter 1, together with further such material in the Literature Review (Chapter 2, above) and in the

Discussion (Chapter 5, below), but it is necessary to respond to this demand at this point as well, in terms of the researcher's impact on planning, carrying out and analysing of the results.

The questionnaire for counselling psychologists was developed from themes uncovered in the literature review, in discussion with supervisors and a research seminar group, and feedback from the pilot questionnaire. The questions were deliberately left open, in order to minimise restrictive answers and to allow counselling psychologists to describe and explore their experiences. This meant that the questionnaires were not developed purely in accordance with the researcher's own agenda, and were amended at different stages in the planning and design of the study.

The questions asked in interviews with fathers evolved in a similar way. They were informed by themes in the literature review; counselling psychologists' responses to the questionnaire; and in discussion with supervisors and a research seminar group. The questions were developed in this way to ground the interviews in some authoritative information about the kinds of work that counselling psychologists are doing with fathers, but the researcher was very careful as far as possible not to allow the responses from counselling psychologists to unduly direct or influence the interviews. As described in the procedures section, above, the interview began with a very open question, asking participants to describe their experiences of becoming a father. This was designed to encourage participants to talk and so minimise restrictions based on the researcher's reading, experiences or understanding of counselling psychologist's experiences. This subtle, dynamic balance was aided through the use of the three procedures outlined above (participant feedback, disconfirming case analysis and a paper trail of analysis). These were used to enhance the validity of the research procedure and analysis and to encourage the researcher to continuously explore their position. The researcher kept a reflective journal, at all stages of the research, to help situate

herself in the work, to consider process issues in the interviews and to explore her potential impact on the research.

## **Summary conclusion**

Having given a full description of the methodology of the current study I now move on, in the next chapter, to consider how this was put in to practice and examine the results of the interviews with fathers, and responses to questionnaires from counselling psychologists.

## Chapter 4 – Results

Eight fathers were interviewed as part of this research and six questionnaires were completed and returned by counselling psychologists. Information about all participants can be found in Appendix 13. The analysis of the interviews is examined first, followed by the analysis of the questionnaire responses.

### Interviews with new fathers

The interviews were transcribed by the researcher and then analysed following procedures described by Smith et al. (2009), as outlined in Chapter 3. I will briefly describe the process of analysis to explain and demonstrate how I reached the master and sub themes identified (see Table 1). The first stage of the analysis involved immersing myself in the original data, so I listened to each recording in turn, several times, as well as listening in order to transcribe the interview. Whilst listening I made initial notes, in my journal and later on the transcripts, endeavouring to include descriptive, linguistic and conceptual comments. As I listened to the interview and read and re-read the transcript I identified emergent themes from the initial comments and notes, looking for important points. I then made a table of the emergent themes for that particular participant, with an accompanying reference to the text and a verbatim quotation to support the theme. I cut this table up into strips and spent considerable time ‘playing’ around with these, looking for patterns, in order to construct a table of super-ordinate themes. I then moved onto the next participant and repeated the process.

Once I had derived a table of super-ordinate themes for each participant, I then looked for patterns across the cases, by again cutting up the tables into strips and ‘playing’ around with them in order to find patterns and themes for the whole group. A decision was

made, following the procedure of Smith et al. (2009) that for a super-ordinate theme to be classified as recurrent it needed to be present in at least three of the eight interviews (ibid.: 107).

An overview of the process of cross-case analysis can be found in Appendix 16. This process took a considerable length of time as I returned to each transcript and table of emergent and super-ordinate themes regularly, checking and re-checking the validity of each theme, and comparing and reflecting on the themes, the supporting quotations and the process of development. As I developed the themes into the narrative account below, moving beyond the descriptive to a more interpretative commentary (Chamberlain, 2001: 19), I regularly returned to my initial notes and comments and to the emerging themes for each participant in order to check that I was staying faithful to the participant's meanings, to validate my interpretations. Different participants manifested the same super-ordinate themes in different emergent themes (Smith et al., 2009: 107), and during the cross-case analysis and development of the narrative account I had to decide how best to present these. Inevitably a different researcher would have organised and presented these themes differently, but I am confident that they would have come to similar-enough findings in terms of the super-ordinate themes for the whole group.

Four master themes emerged from the analysis of the interviews, with eleven sub-themes identified. These four master themes were consistent across all the participant's accounts, although experiences did vary between individuals. The four master themes were:

- Preparation
- Roles, responsibilities, perspectives and priorities
- Joy and reward versus difficulties and concerns
- Support

Table 1, below identifies the master themes, the accompanying sub-themes and the names of the fathers in whose interview the theme was present. The fathers were given a letter from A to H to identify their interview transcripts, and aid fluency. A name was assigned to each participant, beginning with that letter. Fathers were asked if they had a preferred name, and if they did not they were assigned a man's name beginning with that letter.

**Table 1: Master themes and sub-themes from interviews with new fathers**

<b>Master themes</b>	<b>Sub-themes</b>	<b>Participants</b>
Preparation	Nothing can prepare you	Adam, Charlie, Fred
	Feeling prepared	David, Ed, George
Roles, responsibilities, perspectives and priorities	Role	Ben, Charlie, David, Hari
	Changing perspectives and priorities	Adam, Ben, Charlie, David, Ed, Fred, Hari
Joy and reward versus difficulties and concerns	Joy and reward	Adam, Ben, Charlie, David, Ed, Fred, George, Hari
	Difficulties and concerns	Adam, Ben, Charlie, David, Ed, Fred, Hari
Support	Supporting each other	Ben, Ed, Hari
	Family, friends and NCT groups	Adam, Charlie, David, Ed, Fred, George, Hari



	Men are reluctant to talk about emotions or ask for help	Adam, Ben, Charlie, David, Ed, Fred, George
	Focus of attention and support should be on mothers, but don't forget fathers	Ben, Charlie, Fred, George, Hari
	Professional support for fathers	Adam, Ben, Charlie, David, Fred, George, Hari

Each master theme and sub-theme is considered in turn below, illustrated with verbatim extracts from the interviews. In interview extracts: ellipses (...) indicate omitted material; X indicates the participant's wife or partner; Y indicates the oldest child; Z indicates the second child.

## **Master theme: Preparation**

This master theme concerned the participant's perceptions of how prepared, or not, they felt, during their partner's pregnancy, during birth and since then. Although it includes elements of both practical and emotional preparation the focus is on the latter.

### **Sub-theme 1: Nothing can prepare you**

Adam and Fred were particularly clear in their feelings that nothing could have prepared them for the arrival of their first child. Although both babies were planned and wanted (Fred

particularly focussed on the decision with his wife to start a family as an important aspect of his becoming a father), they both expressed their belief that they were not really prepared:

*I think I was in a quite fortunate position that I'd seen how they [friends] had coped with things and the sorts of problems they had and so I kind of felt beforehand that I might be better prepared than others, that wasn't the case though. I think it's one of those things that nothing does actually prepare you for it... I felt I knew what they meant but you don't really until it actually happens... Everyone kind of warns you about what's going to happen and I thought I knew it all from seeing close friends with kids, but I was wrong. (Fred)*

There may be a variety of reasons for their feelings; for example Fred did not attend antenatal classes at all as his wife attended during the day, whilst he was at work, perhaps contributing to his feeling unprepared. Fred also described a lot of preparation around a 'change in lifestyle' and the 'mechanics of the process' rather than emotional preparation, so that when his daughter arrived it was quite a 'shock'.

Adam's son was born several weeks earlier than expected and was in the special care baby unit for two weeks. Because of this Adam and his wife did not have a chance to attend all of the NCT antenatal classes they had hoped. As explored in later themes, the support from antenatal courses and groups was described as valuable by several of the fathers, and perhaps sharing such experiences plays an important role in feeling prepared, or not. Adam seemed to have been taken unawares by his feelings and it may be that his son's early arrival and the demands of the baby being in the special care unit, and the baby's 'vulnerability', made it a particularly difficult experience:

*People say it's going to be hard, I know, I know, but until you actually experience it, err, you don't really know... There's nothing that can prepare you for what you feel...*

*People saying you'll have these feelings, but it's another thing actually experiencing it. (Adam)*

I wonder if these experiences which Adam had clearly not anticipated were the basis of his certainty that nothing could prepare one. Charlie suggested that '*a dad doesn't know what to expect*', whereas the mother's role is more defined, and this seems to be supported by Adam and Fred's experiences. They felt that they did not know what to expect, so did not feel prepared, despite having seen friends become fathers, demonstrating what an intensely personal experience becoming a parent is, and dependant on individual circumstances, situations and expectations. It would be interesting to know whether Adam and Fred would have felt more prepared if they had attended the antenatal groups.

### **Sub-theme 2: Feeling prepared**

On the other hand David, Ed and George described feeling well prepared. Ed, the newest father, put this down in part to his situation, age, and his relationship with his wife, as well as the flexibility allowed him by his work. He also clearly described finding the NCT classes helpful from an emotional perspective:

*[T]he NCT class was extremely good, not just from, from an emotional, not just from a practical side, the practical side was probably, probably about half, less than half of it I suppose, but just kind of understanding, well I suppose understanding the process and just understanding, you know, the emotional states people can go through. (Ed)*

Other fathers did not describe the emotional component of NCT either as so considerable or so important, and did not focus on the idea of emotional preparation in the same way. It seems that the mix of knowledge of what to expect emotionally and practically was important to Ed:

*[I]t's just getting, you know, more knowledge and being able to, obviously it's just a lot easier to deal with things when you know more about it. And I think if I hadn't gone to them I think, I think we would have both struggled a bit, potentially. (Ed)*

Ed equates struggling with being unprepared, consistent with Adam's experience of the early weeks being '*quite a tough period actually*', and suggesting that this is a very important relationship.

George described feeling '*mentally prepared for it, because it was something we'd been looking forward to and we'd planned to do*'. Having grown up around children and having seen his sister recently have a baby, helped him to be aware of what to expect. David also gave the example of watching a family member, his sister-in-law, have a baby a little older than his own, and the value this played, as part of a much wider preparation:

*I don't think we could have been more prepared for it if we tried... X's sister had a baby just before us so we're about 3 months behind and can see all the learning that we can from that situation. I've got a brother with two little ones who are 3 and 6 so we've got finances sorted, both in a similar kind of mindset about what parenting should be and we've got loads of support. (David)*

For David, preparation was about what he described as the '*accidental things*', things he did not think he and his wife had planned but which he considered contributed to making the experience easier or less stressful, such as both being in well established and stable careers, having financial security so that X could take maternity leave without that being a problem, and having both sets of parents living nearby. For David, being prepared was a mixture of these things, as well as things that he and his wife actively did, such as seeking support and knowledge from the NCT.

Preparation therefore seems to involve having some understanding of what to expect both practically and emotionally, whilst also being ready for the unexpected to happen. People's personal situations, including relationships and work, are important in terms of feeling ready and supported. There is also the reality that until you actually take your baby home it is difficult to imagine what life will be like and how you will feel; and perhaps this is another important role for antenatal and postnatal support groups, that they allow people to share these uncertainties.

### **Master theme: Roles, responsibilities, perspectives and priorities**

Issues of roles and responsibilities came up for all the fathers, often in relation to their work or role within the family. Finding a way to balance the demands and obligations of work, with those of home life was a struggle for some of the fathers, and for some it was the key to how well they felt they had coped with the transition to fatherhood. For many of the fathers, their own experiences with their parents were key to the roles they had taken on themselves, whether in terms of following the roles their parents had had or by being different, for example being more involved in day-to-day family life, or providing a better standard of living or different kind of role model to their children, than they feel they were given. Several of the fathers spoke about a change in their priorities since becoming a father, so that work became less important than their role as a father and part of a family.

Roles, responsibilities, perspectives and priorities clearly overlap in their concerns, and the process of choosing to distinguish between them, described below, was based on the

emergent themes of the individual interviews, as well as the cross-case analysis. Two separate sub-themes were created, as there seemed to be a subtle difference between them: role includes the responsibilities that come with that particular role, whilst the second sub-theme focuses on how perspectives and priorities have changed, which includes feelings about responsibility, which cause those changes.

### **Sub-theme 1: Role**

Hari had the clearest sense of his role in the family:

*[S]o I see myself as the provider, in that kind of role... because I think in the first, like two years or so it's definitely the mother who should be more there. (Hari)*

Hari described himself as a 'traditionalist' who believes that mothers should be at home with their children whilst fathers go out to work. He blamed the requirement for both parents to go out to work, as a result of a rising cost of living, on a break-down in family structure, as sending children mixed messages, resulting in children being out of control and society breaking down. Hari's strong beliefs about family roles came from seeing his own mother as the 'matriarch' and seeing his father work hard but suffer health problems as a result, which left him unable to provide for his family. This appears to have influenced his own ambitions for himself as a father:

*[I]t's about being the role model he needs, so he grows up and follows that idea... what I want for my son is that he can model himself on me, I don't want him to have somebody he looks at and feels let down by, I don't want to let him down. (Hari)*

Hari's experiences and beliefs seem to act as a very powerful motivator to provide something very different for his own family.

David was also very clear in his ideas of a father's role:

*I've got a very clear picture in my mind of what a dad should be. So he should be there for Y, he should be providing, and it's probably quite an old-fashioned sense that mum's mum and is in charge and I'll support, my job is to support, to make sure mum is ok and then Y will be fine.* (David)

David's ideas were based on his own experiences with his parents, where, particularly in his early years, his mother looked after him and his father worked, and was the provider.

Charlie's strong ideas about his role were based on the belief that there is very little fathers can do in the first six months other than support the mother, to get her 'back up and running and... the baby to 6 months strong and healthy, and then after that you can probably have a more active part of it all.' For Charlie his responsibility is to support his wife, because he felt there was not really another option for him:

*[I]t's quite hard isn't it, 'cos I think it's because you don't know what you're meant to do, what I'm trying to get is, that the mum's role is defined, whereas the dad's role is undefined and I don't know how many choices you've got as a dad... if you're breastfeeding you can't do anything but be a support, I can't think of anything else you're able to do. If you're not breastfeeding I suppose there's more that you can do'* (Charlie)

After nearly ten years of trying to have children and losing a pregnancy at a very late stage, Ben thought about role rather differently: 'I've got a role now and that's for me to decide what it is.' His ideas on fatherhood had had a long time to evolve and he wanted to be very actively involved with his children rather than sticking to a traditional role, as his father had done. He was looking forward to enjoying his children and to having fun.

## **Sub-theme 2: Changing perspectives and priorities**

All of the fathers spoke about their changing perspectives and priorities on learning of their wife/partner's pregnancy and subsequent to that. Although Ben said that he did not feel a sudden sense of responsibility on becoming a father, he did think that his priorities and perspectives on life had changed:

*[I]t's just a great big cliché, that big change in your life, it is, it is a complete reorganisation of things, erm, kind of your priorities change a bit, but most of it is about perspective, I suppose. (Ben)*

His difficulties in articulating exactly how they had changed, and the all-encompassing nature of the changes, was mirrored by Adam:

*Different priorities, it's a sort of a sense of responsibility... It's just a different way you look at everything. (Adam)*

For David, part of this change was a fear of letting people down:

*I don't want to let anybody down, because I don't want X in particular, or my parents, or her parents to think that I'm not doing, I'm not pulling my weight, so there's probably an anxiety about that. (David)*

For Charlie the change that come with being a father were summed up in terms of the limitations placed on him; he had to become more responsible:

*I suppose your perspective on everything just changes... you can't be as silly, daft, erm, gamble, err spontaneous, err yeah you get pretty boring... I think it makes you grow up, you have to grow up. (Charlie)*



Hari also described a new sense of responsibility. For him the responsibility to look after himself was particularly poignant given his father's disability and difficulty in providing:

*[Y]ou need to be able to make sure you're taking care of yourself, because if I'm not taking care of myself I guess he'd be in the situation I was in with my dad, where his health deteriorated and he wasn't able to enjoy the time with us growing up... I should be physically fit, I should be physically able, I should be mentally able to spend time with him, you know and if I'm not doing that, then I'm not keeping his best interests and my best interests at heart. (Hari)*

Changes in perspective, priorities or responsibilities were frequently described as a change in the way the fathers saw their work. All of the fathers were working full time but most described a shift towards a clearer focus on their home lives.

Adam expressed this in terms of a fear of missing out on a '*precious time*':

*Much more, keen to like, get home, spend time at home, you know, spend time with our baby... you need to seize the moment, not miss too, I don't want to miss too much. (Adam)*

Ben described the importance of getting home in good time from work, so that he was able to be responsible for bath and bedtime activities, spending some time with his son each day. He described wanting to do this because it was fun and he enjoyed it, as well as giving his partner a break. He placed great importance on this time.

Charlie, Ed and Fred, described how work had lost some of its importance since they became fathers:

*[W]ork isn't the be all and end all which it was previously. (Charlie)*

*I'm far more relaxed and it's [i.e. work's] not the focus of everything whereas it was before. (Ed)*

*Definitely shifts it, yeah, erm, I find a lot more now, I mean, I do enjoy my work, but I find a lot more is a means to an end, rather than this is kind of the main focus of my day and my life. (Fred)*

David's wife was on maternity leave at the time of the interview and questions about what would happen when she returned to work were on his mind:

*I flippantly said [to my boss]... I'm thinking about asking for a three-day week. Now I would never, for a second believe that I would do anything other than a five-day week. But she came back and said, well, I'll give you four days, and it'd never even occurred, I said it as a joke, it never even occurred to me that I would go down to a four day week, but she's mentioned it and it's ticking away in the back of mind, it's like, actually why shouldn't I, why wouldn't I, and the only reason stopping me is because dads do the work, five days a week, come home, at weekends, you give up your time then, I suppose the use of the words 'give up your time' is an interesting one, erm, but it's, I don't even think about a different way of doing it. I'm going to be thinking about this on the way home! (David)*

David was ready to consider changing his way of working, which seemed to take him by surprise, but seemed to tie in with his sense of responsibility to his wife and son, and with his questions about how to balance these with his need to work and his idea of his role. These struggles and efforts to combine family and home life were expressed by all of the fathers, and were particularly important to their ideas about responsibility and how this had changed on becoming a father. George described '*obligations and your need to work*' as being the things that cause parents the most stress:

*[I]it could be quite stressful as a dad being under pressure to go back to work and leave your wife and new baby at home. And then it might be more stressful because you're leaving your wife, wondering how she's going to feel about me leaving her.*

(George)

The word 'me' in the final sentence suggests that this might have been a concern for George, rather than a more general suggestion.

The impact of work obligations was keenly felt by Fred, who described how he felt when he returned to work after paternity leave:

*I missed them greatly, didn't realise that I would, so that was a shock as well I guess... I've found that more difficult now, definitely. And err, to the extent that I was thinking about changing job anyway, so, erm, I may look for something, which wouldn't be quite as demanding all the time.* (Fred)

Ed, who has some flexibility in his work, realised how fortunate he is to have this and how things might be very different:

*I've been really lucky in running or having a share in a business and being able to work at home... being flexible enough to erm, spend that extra hour sorting stuff out in the morning... I just think, God, if I had to go to work at 6.30 every morning and get back at 8 o'clock knackered, it would be very different.* (Ed)

Hari, who was in the process of developing a new business and working long hours, six days a week, strongly felt the impact of work demands, but felt his absence from home was justified as an investment in a 'better future' for his wife, son and future children:

*I'm not getting a lot of time with my son at the moment but that's because I've got goals for the future and if I put in the hours now when he's younger and he's less likely to need me. (Hari)*

All the fathers had given a lot of thought to issues around balancing the demands of work with the desire to be at home and to play an active role in their children's lives. Fears of missing them and of missing out were very important in their efforts to find a role which balanced the traditional father-as-breadwinner with a more present, involved role. Several of the father's wife/partners were at home on maternity leave, considering their own roles, so these are dynamic issues, changing as children grow and as family situations change.

### **Master theme: Joy and reward versus difficulties and concerns**

This master theme concerns the juxtaposition between the joys and rewards the fathers spoke about with the difficulties and concerns they experienced in the transition to fatherhood. All of the fathers brought up their very positive feelings and experiences spontaneously, and although they were thought about, the nature of the research question and the interview meant that they were not the focus, so they were not discussed in as much depth as the fathers' difficulties and concerns. None of the fathers identified themselves as having a particular well-being or mental health problem, although they were concerned about their wife/partner's well-being and mental health. The fathers explored some difficult and painful memories, experiences and feelings in the interviews, as illustrated.

#### **Sub-theme 1: Joy and reward**

All the fathers spoke about their positive feelings about being fathers, their love, pride and joy in their children, and in some cases the positive impact this had had on their life; for

example Ed said that he had never *'been happier'*. The fathers' enjoyment of their children was clear in both the content and the tone of their narrative:

Adam described being a father as being a *'source of great joy and contentment'*.

Ben described feeling *'protective'* and *'proud'*, and was very focussed on the fun that he had with his son and the fun that he looked forward to having in the future. George also identified fun as an important aspect of fatherhood.

Charlie described fatherhood as *'hugely enjoyable and hugely rewarding'*, summing up his feelings at the end of the interview with the line *'it's dead good [being a dad].'*

David described how, although he did not feel as attached to his son as he had expected, *'I look at Y and I love him to bits and he smiles and I cave.'*

Ed seemed almost in awe of the experience: *'[I]t's been fantastic, absolutely fantastic, yeah. Amazing really. There's nothing, there's nothing that, erm, has kind of been a problem, or erm, been an issue really. It's been a really positive experience'*.

Fred talked about being *'besotted'* with his daughter, from the moment she was born.

George described his son coming along as *'the best thing', 'brilliant, it's brilliant'*.

Hari spoke about the *'joy'* his son brings: *'[J]ust being able to see him smile, it just makes me happy... that will set me off for the day.'*

## **Sub-theme 2: Difficulties and concerns**

All the fathers spoke about difficulties and concerns that they had had, with birth a particular focus of their anxieties and concerns. The word 'traumatic' came up in four of the eight interviews, illustrated by Adam:

*I wasn't really prepared for, it's quite traumatic seeing your partner, your wife, go through that. (Adam)*

For Adam, the birth was a difficult experience, which, although people had talked about it in advance, he did not feel prepared for. It was during the birth that he suddenly realised that things may not go according to plan:

*It only really hits home at that moment, that my gosh, I hope everything goes alright here. I'd sort of taken it as a given that the baby would be fine, it would be happy and healthy and my wife would be fine... [the baby] got ill a couple of days later, and he was very early as well so was in the special care baby unit, and it was just sort of, it hits you, gosh, what if he's not going to be alright, how'll we cope... I hadn't really sort of taken that into account. (Adam)*

Adam described being worried both for his wife and his newborn son, worried how his wife would cope and worried how he would cope if she struggled, or suffered from PND. For Adam this was also when he realised that having a baby can have quite a 'detrimental effect on a relationship'. He had previously assumed that it would bring him and his wife closer together, but it now dawned on him that as the baby becomes the centre of the mother's world, things could actually become very difficult.

Adam also found the time after birth difficult, perhaps as these realisations became reality, very different to his expectations:

*[I]t sounds kind of childish but err, when the baby's born I had all these family and friends visiting, and they're all, like all, you know, completely obsessed with the baby*

*and obviously with the mother as well and you do kind of like, sometimes you feel like a bit of a bystander, sort of standing there, whilst everyone's kind of, you know, you know, and erm, again, you do sometimes, are bit of a, and all through the birth, you are a bit of a spare part. (Adam)*

Adam's attempts to balance what he describes as his 'childish' feelings with being an adult and his new feelings of responsibility were possibly heightened by the stress and demands of the time his baby was in the special care unit:

*[Y]ou could do so little, he slept for 22 out of 24 hours so actually you felt like you should be there but actually there wasn't much to do, it was kind of, it was quite, it was difficult, tiring and boring, sat waiting there the whole time. (Adam)*

For Ben the birth of his oldest son was particularly stressful as his partner had previously had a still birth, after many years of IVF treatment:

*I actually fainted before anything had happened, because I was so convinced something was going to go wrong. I'd been having dreams about, err, I suppose playing it through in your head, the responsibility thing. I had dreams about X not surviving the birth, for months beforehand... I just really, clearly I was really, really worried about the whole thing. (Ben)*

For Ben in particular, the birth was a focus past which it was difficult to see. However, the birth was easier for other fathers. Ed's wife gave birth at home, which he described as 'really relaxed... it was brilliant' and he wondered whether that had had an impact on his daughter's temperament, as she had been a calm, relatively easy baby so far.

For Fred the difficulty came soon after the birth, a planned caesarean, when he had to leave his wife and newborn daughter in hospital:

*I felt I'd kind of let her down a bit that I couldn't be there to help. Obviously I didn't have any choice, they wouldn't let me stay there but that was really difficult. (Fred)*

Adjusting to life with a baby was difficult for some fathers, and part of this seemed to be about admitting to some quite difficult feelings, as Adam described. Fred also spoke about this particularly clearly:

*I think I found the adjustment far more difficult, and I think part of that was because X was here all day with Y and got to spend a lot of time with her and got to know her obviously a lot quicker and a lot better than I did; part of that might have been a bit of jealousy, that you know that was obviously something that I wanted to do. (Fred)*

This also seems to relate to earlier issues to do with work responsibilities and with issues around the expression of emotions, which are discussed in the fourth master theme, below.

Charlie and David both had concerns about bonding with their sons: Charlie felt that he had not bonded as well with his second son as with his first, and David said he did not feel as attached to his son as he had anticipated.

*[S]o I'll have gone 48 hours without seeing him and I don't have any feelings of anxiety about that, whereas I know X would be distraught... so I'm surprised by that. (David)*

*I don't think I've got as much of a close immediate bond and connection with Z... I'm sure that'll all change but I think probably what I've experienced with Z is more the norm compared with what I did experience with Y. (Charlie)*

Both thought that this would change with time and although they expressed concern, they did not seem to be worried, finding reassurance in the idea that fathers often bond more when their children become a little older and more active.



Hari, who works long hours and does not get to spend much time with his son, spoke about the uncertainty of having a new baby:

*[I]t is a very uncertain time isn't it... It is very overwhelming... And I think it can be overwhelming when I'm expected to do something but I'm not quite sure what that's supposed to be. (Hari)*

Hari was frustrated by his lack of knowledge about what his son 'does' all day, and this could become overwhelming for him. He wants to be an involved and active father but he seemed very concerned that he does not know what to do, or how to do it. Having handed responsibility to his wife, he now finds himself uncertain as to how to be a father, perhaps shown by his interest in 'parenting education' rather than psychological or emotional support for fathers (as considered in the final master theme, below).

All of the fathers expressed concern for their wife or partner, with several particularly mentioning her mental health and their fears of her suffering PND. David was particularly worried about his wife's mental health as she had previously suffered depression:

*[O]ne thing I do worry about is [that] X is very concerned to be seen to always do the right thing, puts pressure on herself. I had an anxiety that she would suffer from PND... worried about such a major life event having an impact on her. (David)*

Ben spoke about his partner becoming depressed during the IVF process and his feeling that she had been going through 'far more' than him, in terms of experiences impacting on mental health.

Although none of the fathers reported that their wife/partner had suffered from PND, it was clear that this had been an important area of concern and anxiety for several of them, and tied in with concerns about how they would manage if their wife/partner was not coping, as illustrated by Ed:

*Erm, I think I would have not, it would have been, yeah, her not coping, erm, I suppose would have just been, I would have felt, err, very, I don't know, in the same way that when she was having her morning sickness, you're kind of powerless to help.*  
(Ed)

The idea of being, or feeling, powerless seemed important, running through many father's concerns about how they would deal with, cope with, or respond to their wife/partner struggling to cope. This seems related to concern about changes in the relationship with their wife/partners. Adam described feeling a bit '*neglected*', an experience repeated by others:

*You're completely sidelined... you are not the most important person in the house anymore.* (Ben)

*[Y]eah the first few months were very, very difficult in terms of our marriage, our relationship, we struggled a lot in terms of you know, erm, kind of not being civil, that's not the word, but you don't really say much to each other, because you're either dealing with the baby or you're too knackered so you might be zonked in front of the TV or something like that, and we certainly argued a lot more than we used to.*  
(Fred)

For Fred, the demands of a new baby had a major impact on his relationship with his wife, causing a lot of strain, in part because of their differing approaches to parenting:

*[S]he'd done so much reading about what could possibly go wrong, was incredibly paranoid as I guess all new mothers are and I'm more of a laid back person... that would cause a big argument.* (Fred)

Adjusting to a new relationship dynamic, alongside difficulties explored in earlier themes, was clearly a big challenge for some of the fathers.

## **Master theme: Support**

The final master theme concerns participants' ideas about the support they received, informally from family and friends or from professional sources, and their thoughts and ideas on the kind of support they would have found valuable, and whether or not that involved a general psychological or more specifically counselling psychology aspect to it.

### **Sub-theme 1: Supporting each other**

Three of the fathers, Ben, Ed and Hari spoke about what Hari, described as '*co-support*', that they and their wife/partner supported each other. Good communication was felt to be the key to coping with the demands of new parenthood:

*[M]e and X have always talked about things... and I think that's what got us through.*  
(Ben)

*I think we do have a very good line of communication, and I think that ties in well with the support, that is part of the support you could say.* (Hari)

*[W]e talk an awful lot about things, all the time... and I think that's been a really good, been a real help, for both of us.* (Ed)

Ed particularly thought that if either he or his wife were struggling to cope, they would act together:

*I think it would be something we'd both be trying to get help together, I don't think either of us would think that it's something we'd have to try and get help ourselves.*  
(Ed)

For these fathers their first source of support was their wife/partner, and they hoped to be hers.

## **Sub-theme 2: Family friends and NCT groups**

Aside from their wife/partner, the three main sources of support fathers talked about were family, friends and new friends from the National Childbirth Trust (NCT) antenatal classes which some had attended.

Several fathers also spoke about family support, which seemed to encompass both practical support in terms of childcare or helping around the house, with emotional support in terms of people being there, offering their time and company:

*They're always there.... I've not been short of support. (Adam)*

*[B]est ones [sources of support] are family and friends. (David)*

*[H]er [wife] mum instinctively knows what she wants and she can pre-empt what my wife needs sometimes, things that I wouldn't even have a clue about, so when she comes round it's like my wife gets a break, and I'm really pleased and glad that she can have that. (Hari)*

However, Fred had a different experience, describing family support as a '*blessing and a curse*'. Fred described himself as being from a '*close family*' and talked about how the Jewish culture places a lot of emphasis on family; but he described the stresses of trying to balance the demands of both sets of parents with the practical support they offered in the form of babysitting, for example, and not wanting to be ungrateful:

*[I]t's been difficult... that caused problems, I think because, obviously both sets of grandparents want to spend as much time with her as possible, but they err, and it ended up well if we're seeing this one this weekend does that mean we have to go to the other ones the next weekend, interests of balance and fairness, how do we do this? And it was kind of like, well actually we'd like to spend some time just the three of us, you know we don't want to be spending every weekend seeing family, and that's been difficult, and it's still difficult because there's still demands on us from both sides.*  
(Fred)

The value of sharing the experience of becoming a father was raised by many of the fathers, particularly the value of sharing with people in a similar situation. The new social networks, friendships and support that came from attending local NCT groups were considered very valuable. Although the focus of this support tended to be for the new mothers (Charlie described his wife as having formed an '*absolutely phenomenal*' group of friends), some fathers found the experience of meeting and sharing with other prospective fathers also provided them with a source of support:

*[I]t gets men talking about things which affect them and I think it's easier to confide in each other.* (Adam)

*I thought it was really useful. It was really useful to kind of meet other fathers... it's sort of good to talk to people in a similar situation.* (Ed)

*[W]ith NCT I think the biggest help to us, I think, certainly to our group was the fact that it was just a way to meet other people in the area who were going through the same thing.* (Fred)

*I mean, the NCT classes for us, because we're not from [town] it was a chance to meet other people in the same situation and gives us that support network outside,*

*because our family don't live nearby either... so in terms of support there was only really us two, so it was good to meet these other couples, and we've stayed in touch with all of them, so it has been useful. (George)*

### **Sub-theme 3: Men are reluctant to talk about emotions and ask for help**

Although all of the fathers talked about support and several focussed on emotional support, they all spoke about men's reluctance to talk about feelings and to ask for help. Adam, Charlie, George and Hari spoke about this in quite general terms:

*Men generally, tend, to be probably a bit less open; don't talk about their feelings and stuff. (Adam)*

*[A] very 'blokey' thing not to talk about emotions. (Ben)*

This idea that men keep their emotions private and are reluctant to talk leads to a reluctance to ask for help and to engage with the support services which do exist for fathers, which was also related to ideas of masculinity:

*I just think, the kind of whole manliness thing about it all, they'd just think, oh, I don't need to go there. There would be the odd person that would go there but I just don't think it would get used. (Charlie)*

*[B]ecause men tend not to talk about these things, might be a brush tarring all men, but I really think that is the case, on the whole. So I don't know whether they would go to their GP, [and] say I'm really finding this, I feel quite depressed about this, I feel down, I don't feel very happy, all of those sorts of things. I just don't know whether they would. (George)*

George described the way in which men tend to focus on physical aspects of their experiences rather than on the emotional:

*It's usually, it's really tiring and I haven't had time to do any of the things around the house, or whatever, it's not that I'm mentally drained and when the baby cries I don't know what to do, I just want to get out of the house. I've never, they don't talk about that side of things. But I'm sure they experience it... they don't talk about the emotion of that, [they] talk about the physicality. (George)*

Ben, David, Ed and Fred also spoke more personally about their own feelings about asking for help:

*[F]or me personally it was realising there's something to be gained from talking about these things. (Ben)*

Although he said that he had had some 'good chats' with friends since becoming a father, Ed suggested that actually asking for help would be different:

*I'm not very good at asking for help I suppose, and I think I would find it difficult to ask friends necessarily for help, erm, so I don't know who I would ask. (Ed)*

David related his unwillingness to ask for help to his educational experiences:

*[B]ecause of my background, erm, all boys school, emotion is weakness, going for advice is weakness, is, if I thought I was suffering how readily would I pick up the phone and would I know where to go? (David)*

But he went on to reflect that given his openness in our interview, perhaps he *would* be able to ask for help, and he gave an example of an earlier experience where he had asked for help.

Questions about where to go for help were also important. Several of the fathers suggested that their first thought would be to speak to their GP, and Ed, the most recent father, thought he would contact his NCT group leader if he could not talk to his wife; but there was a general lack of knowledge, and some anxiety, about what to do if they did need help, illustrated by Fred:

*I suppose I think there should be something [for new fathers] but I don't know if I'd use it! But I think that's, to completely generalise, a male thing. We're not particularly good at going to doctors or, or anyone for help really, myself included, and I think, I think things would have to be quite, quite bad for, certainly for me and I guess most men to actually seek that out. But I think it would be useful because I think at the moment I wouldn't know where to go if I was in that situation. (Fred)*

#### **Sub-theme 4: Focus of attention and support should be on mothers, but don't forget fathers**

Despite their clear belief that men would struggle to engage with emotional or psychological support services or interventions, many of the fathers thought that fathers' psychological needs had been forgotten, and that more generally they were often 'sidelined' (Ben):

*[I]t was almost as if I wasn't there at all... the automatic assumption that I was not really involved in this. (Ben)*

*[Y]ou do feel a lot of the time like a bit of an appendage... it's always the mother who is addressed and spoken to and you just happen to be there... it's all geared towards the mother and she's going through, which again you can understand, they are the key... if I hadn't spoken up and asked questions I wouldn't have been addressed at all. (Fred)*



Several of the fathers sounded quite put out by this apparent lack of interest in them, as if there was no space for them in the preparations for the baby's arrival. All the fathers agreed that the focus of attention and support should be on the mother and baby, and that they did not want to take that away:

*I think the focus [of midwife and health visitor attention] needs to be on the mum and the baby. (Charlie)*

*I think first and foremost I think, the mum's the most important because it's direct impact and the bonding with the mother that's absolutely key. (George)*

*[T]his is her time, it's her moment. (Hari)*

However, the fathers also agreed that rather than being actively or maliciously ignored, they were often forgotten or simply not considered:

*It's not, forget the mother... it's some acknowledgement of your existence. (Fred)*

George reflecting on changes in fathers' involvement with their children over recent generations, felt that an important aspect of postnatal care had been forgotten, which was particularly frustrating, given the enormous efforts to involve fathers in other aspects of their children's lives:

*[I]t always mentions the partner, male partner, keeping an eye on the wife or female partner, just in case of PND... but no one really mentions 'keep an eye on your husband, make sure he's not gonna be stupid...' So whether that could be fitted in, look after each other more, it was very much focussed on the mums, PND in mothers... all they said was 'it's going to be a complete change to your lifestyle, it is going to be difficult, you're going to feel tired, might be frustrated, not know who to turn to', so they sort of prepared you, that you might feel this way, but there was*

*nothing, 'if you do, you could go and see so and so', it was 'well you could feel like that...' but nothing, it was never mentioned, 'oh, by the way, if your husband is always wanting to get out of the house and doesn't want to hold the baby then get them to see the GP, and maybe speak about why'. (George)*

The fathers' desire to be more actively included did not seem to be a competitive demand to be considered over and above the baby and mother, but seemed, rather, to reflect their active involvement in birth preparations and care for their children.

### **Sub-theme 5: Professional support for fathers**

All the fathers had had some contact with professional maternity services, either in the form of medical appointments, antenatal appointments or classes, during the birth, or through the health visitor appointments after the birth. They all said that they would have valued some form of professional intervention or service available specifically to them, but interestingly, what this might involve varied considerably.

Ben described a local father and baby/toddler group his partner had told him about and his reluctance to attend and subsequent regret that he had not used it. He described it as *'nice that they were there... if I wanted to, or I was worried, there was this thing down the road.'*

Other fathers were less aware of services aimed at them and were thoughtful about what they would like or would use, seeming to struggle to articulate exactly what they would have found helpful:

*I can see how people might need it, you know, definitely, err, particularly, you know, if something happened to your child, or your child wasn't, had some sort of health*

*problem... It'd be good if maybe a little more was available, came for men, err, because I could see how you could potentially need a bit of help. (Adam)*

David and Fred thought that professional support for fathers might be best in the form of information, directed at fathers in the antenatal period:

*I don't know what problems I'm going to come up against... having a psychologist help you understand the possible issues coming forward and to watch out for them would be very beneficial... if I knew the kinds of things to watch out for that might help me watch out for them a little bit more, and I do think that fore warned is fore-armed. (David)*

*[I]t would have been useful in terms of the leaflets and stuff to have something maybe for fathers. (Fred)*

For Charles, professional help aimed at fathers was around somewhere, an 'arena' to feed back his experiences, although he was not sure to whom that would be. For some of the fathers this need to feed back or process experiences seemed to become a function of the research interview itself:

*It's been useful to talk about some of these things; I've not done that before... it's been good to air some of those thought processes... it's something that I internalise quite a lot and it's good to actually bring that out. (Fred)*

Fred thought that taking this a step further and formalising it could be helpful, so that, perhaps six weeks after the baby's birth, the father would be invited to meet somebody to think about their experiences:

*[I]mposing something definitely wouldn't work, people just wouldn't go, but as I say I think if it was a natural part of the process, like at 6 weeks this is what the men do,*

*then it becomes more normal. Men don't like to do things which aren't normal, to be seen to be seeking some kind of help. And so this way you could be getting the help if you needed, but you wouldn't be poking your head above the parapet. (Fred)*

He was clear that it would have to be a standard part of the process, an opportunity open to those who wanted it, not imposed and a 'normal' part of the transition to fatherhood. Ed had a similar idea, suggesting that he would have valued a post-natal class, as well as the antenatal, perhaps providing more continuous support and opportunities to share and process experiences. They were unclear of what the exact content of such sessions should be, although David thought that a focus on the psychological would be valuable:

*I think it might be useful for a bit more focus to be put on the mental, and I'm probably giving you exactly what you want to hear, but a bit more focus on that mental well-being, because I think as a society we do avoid that, we like the practical elements. (David)*

However, the impact of the practical situation, for example work demands and obligations, on the emotional and psychological experience was important to George, who felt strongly that if you can help ease a practical situation, then ultimately that makes the emotional and psychological experience easier too. George was very clear that support had to come from the workplace and/or the government in terms of enabling fathers to take more time off, both immediately after birth and as their children grow up.

Hari had the clearest ideas of what he thought would be helpful for new fathers. Similar to George he believed that practical things impact on the psychological, and that a practical, educational intervention is required:

*I think that education probably from that point of view would be a lot more beneficial to the male psyche in terms of saying oh you have emotions, you need to cry about it,*

*kind of thing, you know, because they'll probably close down further... if you feel like you can't do something, or you're not doing it well, you're going to get flustered yourself and that's going to make you more stressed, make your tension go up; and if you can reduce that frustration, through, you know, focused education on the practical side of kind of parenting, you know, even for infants up to 5, 6, year olds, I think that's something that would be a lot more beneficial to men in the early stages of fatherhood. (Hari)*

Hari's beliefs in the importance of family structure and his anxieties about a break-down in society were reflected in his belief that women going to work means parenting skills are not being passed on, and that the government has a responsibility to fill this gap:

*[L]ike, supernanny training, you know, something like that... if they taught something like that in schools or they had adult classes or something like that, I think that would be a lot better than seeing a psychologist, education on how to manage a family. (Hari)*

Support is clearly a complex issue, relating to issues around masculinity and identity, and with issues around accepting a need for support for themselves, alongside knowing who and how to ask for help. The fathers' responses indicate that they think this should come from the top down, from government and business, so that they are helped to support their family, able to take time off work when required, for example. It is particularly relevant in the contact they had with maternity and health services, where they frequently felt sidelined and neglected. Perhaps the fathers' struggles to articulate the kinds of support that they would have valued, reflects their own struggles to identify and explore their own emotional needs.

## Questionnaires from counselling psychologists

Of the 240 emails sent to counselling psychologists, eleven counselling psychologists replied expressing their interest in the research but citing their lack of relevant experience as a reason not to participate. Four counselling psychologists returned completed questionnaires to the researcher. No counselling psychologists responded to the advertisement in *The Psychologist*. Two responded to the advertisement in the Division of Counselling Psychology email newsletter, one returning a completed questionnaire to the researcher. One trainee counselling psychologist responded to the poster at the counselling service, returning a completed questionnaire. This led to a total of six completed and returned questionnaires. Information on these participants, their qualifications and their work experience can be found in Appendix 13. The low response rate from counselling psychologists is discussed in Chapter 5, below.

The questionnaires were analysed using a content analysis, as described in Chapter 3. Answers to each question were considered in turn, and key themes from participant's answers emerged through this process, as shown in Table 2. Where only one participant mentioned an area, or particular aspect of the topic in question, a theme has only been developed if this was considered particularly important to them and to their answer; otherwise at least two, and preferably three or more participants, were required to focus on a topic for it to be considered a theme.

Question 1 was not analysed in the same way as the other questions, because it described a personal experience of working with a new father, and served as an introduction to the topic for participants, producing very personal, rather than more general, responses.

**Table 2: Themes from questionnaires completed by counselling psychologists**

<b>Question</b>	<b>Themes</b>	<b>Participants</b>
Q2 - What understanding of or insights into men's experiences of fatherhood do you have, based on your work as a counselling psychologist?	Fathers needs ignored by health professionals	1, 2, 3, 4
	Paradox of fatherhood – embracing versus ambivalence	3, 5, 6
Q3 - What is your understanding/perception of how these experiences impact on fathers' well-being and/or mental health?	Psychological distress	1, 3, 4, 5
	A period of growth	2, 4
	Keeping silent	2, 5
Q4 - What is your understanding/perception of the well-being and/or mental health needs of new first-time fathers?	Acknowledgement of needs and space to explore	1, 3, 5
	Support networks	3
Q5 - What role, if any, do you think counselling psychology could have in supporting fathers, assisting in the transition to fatherhood, and meeting any well-being and/or mental health needs?	Raise awareness	1, 4, 5
	Working with other professionals	2, 3, 4
	Develop and deliver psychological, psychoeducational/psychosocial interventions	1, 2, 4, 6
	Qualities of counselling psychologists	

		3, 4
Q6 - Do you consider that relational aspects of your work have importance or significance for working with new fathers? If they do, please explain how.	The relational is the work	1, 2, 3, 4
	Inter-subjective issues	1, 2, 4, 5, 6
	Parenting the parent	3, 6
	Relationships with other professionals	1, 4
Q7 - Please add anything further that comes to mind around the theme of counselling psychologists working with new, first-time fathers that you have not had the opportunity to share above.		3, 4

**Question 2 - What understanding of or insights into men's experiences of fatherhood do you have, based on your work as a counselling psychologist?**

Two key themes emerged in counselling psychologist's answers to this question. The first of these was that the *'needs of new fathers appear to be largely ignored by health professionals'* (participant 1). Participants 1, 2, 3 and 4 all agreed that fathers are often overlooked by health professionals. This may be because they *'tend to ask less questions and to be less confident about expressing any concerns or asking for advice'* (participant 1), and also that fathers are encouraged to focus on a support role and a practical focus rather than to reflect on their own experiences and transition, in contrast to the mother-to-be (participant 2), which may be indicated in some men's struggles with the transition to fatherhood. Participant 4 was concerned about the way that *'men's experiences of fatherhood are usually never considered*



*in referral letters, routine assessment or treatment of mental health problems in men... when a pregnant or new mother is referred for treatment, no one considers the experiences of the father who is also out there somewhere.'*

The second theme was that fatherhood is usually embraced by men yet involves many difficulties, which are often not voiced. Participant 6 described this as a 'paradox':

*The fathers embrace their new roles, even when they are struggling with the responsibilities of fatherhood. There is, however, a paradox here – the ambivalence of fatherhood does not often become voiced, that is, there is very little said about how hard being a father can be.*

Whilst fatherhood may be the 'most important part of their identities' (participant 6), it can also be a struggle, arousing fears of losing contact with their children (participant 5), concerns about failing as a father (participants 3 and 6) and a feeling that they are unable to share these problems (participants 3 and 5).

### **Question 3 - What is your understanding/perception of how these experiences impact on fathers' well-being and/or mental health?**

Three themes emerged in answers to this question: that fatherhood can be a period of growth; that fatherhood can lead to psychological distress; and that many men keep silent about this.

Whilst participants 2 and 4 both considered how fatherhood may be a time for growth and for 're-negotiating' changing relationships (participant 4), the overwhelming response to this question was that fatherhood can lead to psychological distress:

*Fathers can become depressed, feel rejected, unwanted, angry, anxious.* (participant

1)

*Many men I have seen have been experiencing depression and anxiety as a result of the adjustment to new parenthood. An adjustment disorder, really.* (participant 3)

*[H]igher stress... lower self esteem... envy and guilt.* (participant 5)

Participant 4, who described extensive experience working with fathers and families, considered a wide range of impacts on men's well-being and mental health:

- *[F]athers experience heightened anxiety and may also become depressed at this time.*
- *Becoming a father 'may exacerbate or lead to a relapse of existing mental illness or be associated with first onset.'*
- *Increased risk of emotional problems for men 'who experienced difficulties with their early relationships with their own mothers'; 'had fathers who were violent or absent'; 'who have been fostered/adopted or been in long term care.'*
- *New fathers who do experience emotional problems may show this in externalising behaviour, 'e.g. become workaholics, increase use of alcohol or drugs, have affairs'*
- *Where the man has a problem with affect regulation, this may become more of a problem when a new father. His increased anger and aggression may be dangerous for their partner, infant and themselves (e.g. get into fights).*
- *Childbirth-related post traumatic stress disorder (PTSD)*
- *New fathers may be particularly perplexed and ill informed and equipped to cope with how intense the relationship needs to be between new mother and infant and to changes in their sexual relationship with their partner. When this isn't understood or supported, men may feel unloved and rejected/feel threatened/jealous of the infant.*

The third theme that was clear from participants' answers was that the counselling psychologists believe that men *'often have no-one to talk to about this'* (participant 2), they feel under *'pressure not to share this with the partner in order to shield the stay-at-home partner from these worries'* (participant 2), to *'avoid conflict'* so they *'keep silent about [their] own needs'* (participant 5).

#### **Question 4 - What is your understanding/perception of the well-being and/or mental health needs of new first-time fathers?**

Two apparently linked themes emerged here – that fathers need to have their needs acknowledged and have space to explore them, and that both parents need support networks. Participants 1, 3 and 5 believed that fathers' needs must be acknowledged and given space in their own right:

*They need education about possible difficulties, time to adjust and to be listened to.*  
(participant 1)

*Many, but not all, need acknowledgement that this is a transition which can be difficult, but there is help available.* (participant 3)

*[S]pace to be the "needy" one could help provide balance and relieve stress... space to be uncertain and not know... space to explore the father role and what is realistic.*  
(participant 5)

Support networks for both parents are important and need to be *'flexible'* so that working fathers are able to attend *'baby groups'* or postnatal and parenting groups (participant 3).

These two themes seem to be linked by the importance of opportunities to be open about needs and to share experiences which are likely to form the basis of some forms of support.

**Question 5 - What role, if any, do you think counselling psychology could have in supporting fathers, assisting in the transition to fatherhood, and meeting any well-being and/or mental health needs?**

Four main themes emerged in answers to this question, each considered in turn:

1. Counselling psychologists have a role in raising awareness about the needs of new fathers:

Participants thought that counselling psychologists have a role *'in helping to educate the general population and other health care professionals about parenthood'* (participant 1).

Participant 4 believed they should be raising awareness of fathers' needs *'and how they interact with the well-being of new mothers and infants, at local, national and policy level'*.

Participant 4 thought this should be done by carrying out and publishing research in this area, so *'providing evidence for the needs of new fathers'* (participant 5).

2. Working with other professionals:

Participants 2, 3 and 4 thought that counselling psychologists have a role to play in working with other professionals, rather than always in direct contact with fathers themselves:

*[T]he role of the counselling psychologist may not necessarily be in direct contact with the men themselves but in supporting the group facilitators within the NCT to address men's needs/provide 'supervision' etc.* (participant 2)

*Counselling psychologists working in Children's Centres (formerly Sure Starts) and in the community are well placed to offer these services, and indeed have been doing so for many years. They team up with Health Visitors and Midwives to offer these services.* (participant 3)

*Provide training, supervision and consultancy to all professionals including health professionals , Midwives and Health Visitors. (participant 4)*

3. Counselling psychologists have a role in developing and delivering psychological interventions, whether directly therapeutic or at a more psychoeducational or psychosocial level:

Participants thought that counselling psychologists have more to offer than direct therapeutic work, and that therapeutic work may not always be the most helpful intervention at this time. Counselling psychologists may be able to offer broader psychoeducational or psychosocial support:

*When difficulties arise counselling psychologists can help new parents to explore these, generate new ideas and communication patterns etc... They could also be involved in ante natal or post natal classes that can explore and normalise the changes/difficulties/adjustment into fatherhood. (participant 1)*

*[S]upporting new fathers to meet other new fathers is critical to the enhancement of well-being. My sense is that this can be best achieved if men of similar backgrounds and interests are brought together and supported in doing activities that are within their existing comfort zones. This is not the time to be encouraging men into 'talk-therapy' groups if this is something they have never experienced or considered previously. (participant 2)*

*Counselling psychology can provide emotional support and intervention to new fathers across all levels of need and settings and sectors of care – primary care health, primary care mental health (IAPT), secondary care and acute/in-patient services. (participant 4)*

*Counselling psychology is unlikely to be top of the list of things to spend money on at this time in a man's life, but NHS or social care-led groups for fathers are becoming more prominent. It could be really useful for counselling psychologists to be involved in group work, if private counselling is not affordable at this transition time.*  
(participant 6)

#### 4. The qualities of counselling psychologists

Participant 3 considered that the qualities of counselling psychologists working with new fathers were important, and believed strongly that:

- *[I]t helps if the psychologist has maturity and experience.*
- *Being able to offer a very high level of understanding and emotional containment is an important aspect of the work.*
- *More men who have experience of fatherhood in this role is important.*
- *I personally think that it is hard for non parents to be taken seriously in this type of work, as new parents think that the practitioner understands the theory but not the day-to-day living of it.*

However, in participant 4's answer to question 7, she disagreed with this last statement, suggesting that even if a counselling psychologist is not a parent, *'they can still provide excellent support to new fathers – being a parent doesn't confer any rights or superior knowledge over CPs who are non-parents.'*

**Question 6 - Do you consider that relational aspects of your work have importance or significance for working with new fathers? If they do, please explain how.**

Four themes emerged in answers to this question, the first of which was that the relational *is* the work. All the counselling psychologists agreed that relational aspects of their work were central to the work, but this was expressed most clearly by participants 1, 2, 3 and 4:

*Relational aspects of counselling psychology are crucial in any setting/situation/client group.* (participant 1)

*[T]he relational aspects of all therapeutic work remain important/significant regardless of the 'presenting issues'.* (participant 2)

*Of course!!!! Does this question need to be asked? People want to feel heard, understood, contained. That is what relationship is about.* (participant 3)

*The relational aspects of the work of counselling psychology is the work to be done with new fathers.* (participant 4)

The importance of relational aspects of work was also expressed in the other themes which consider the importance of inter-subjective issues, '*parenting the parent*' and relationships with other professionals.

Inter-subjective issues were particularly important for participant 5:

*Inter-subjective issues arise in the client and the psychologist's experience of their own fathers and ideas about 'good' father roles. Considering how a client is in a relationship with the counselling psychologist can help them identify relational issues experienced with their child, helping them gain insights into what their child may learn from them which can motivate change in areas previously unconsidered.*

They also came up for participants 1, 2, 4 and 6:

*This is a two-way process in which understanding, education and movement towards a bigger picture and collaborative approach are invaluable. (participant 1)*

*It may be important in terms of providing direct feedback to the new father and supporting them to process the emotional impact of their experience more fully. (participant 2)*

*Counselling psychologists who may have examined their own experiences of being parented and of becoming and being new parents are also in a good position to support new fathers. This may be particularly important with female counselling psychologists who can then avoid the pitfall of behaving towards new fathers in ways which either overlook completely, or 'feminise' new fathers' experiences, which will be subjectively unique and very different from those of women. (participant 4)*

*I am often very aware that I am a woman, and that this may have both positive and negative implications for fathers' abilities to work with me... The potential to form a trusting, non-judgemental relationship with a therapist in which to discuss fatherhood may be of particular importance for men, and it is essential, I believe, for this relationship to be based on congruence. (participant 6)*

Participant 3 focussed on the importance of '*parenting the parent*', offering a nurturing experience and form of support to new parents:

*New parents often feel that they would like to be parented themselves in order to parent. The group I ran provided food, company, support; all important aspects of feeling nurtured, and both parents frequently look for the presence of a 'good mother' figure at this time, who provides empathy and nurture for the whole family. This is why maturity and experience of family really help.*



Participant 6 also considered the importance of 'parenting the parent' in her work using an attachment model:

*I need to be the secure base, the person who can empathise without being overwhelmed, who can contain and digest the difficult experiences of the other. In trying to do this, I hope I am also helping the client to identify and make sense of their experiences, which hopefully will have some impact on their ability to do the same for their child. Since the fathers' principal concerns seem to be around bonding with their children, I hope this is a laudable aim.*

The relational also emerged through the relationships that counselling psychologists have with other professionals:

*Relationships with GPs, health visitors, midwives etc can be invaluable in helping all parties to understand and meet the needs of new parents, both fathers and mothers.*  
(participant 1)

*Relationships with health professionals (midwives, health visitors) etc are also important as men are often marginalised in routine antenatal and postnatal care. The same is the case where perhaps the mother is receiving psychological or psychiatric support, e.g. mother and baby unit or acute in-patient care, and where the needs of the father are often overlooked.* (participant 4)

**Question 7 - Please add anything further that comes to mind around the theme of counselling psychologists working with new, first-time fathers that you have not had the opportunity to share above.**

Only participants 3 and 4 added anything further, and no themes were developed from their answers. Participant 3 commented on the '*huge area*' the research is considering, and the importance of remembering that '*each father will be totally different in his needs dependent on his context... I have seen rich barristers become depressed by fatherhood, but for different reasons from a very young man still at college.*'

Participant 7 focussed on issues to remain aware of if working with fathers, including the importance of not making assumptions about people's experiences from your own; knowing your limits when working with couples or parents with their infants, and ensuring specialist training and supervision; the importance of personal therapy to think about your own parenting experiences; the importance of not assuming that fathers are not as capable as caring for a new baby as the mother; and the importance of not disclosing anything about your own experiences of being a new parent.

## **Summary conclusion**

In this chapter the results of the interviews with new fathers have been examined, analysed using IPA, and with the master and sub-themes being developed. The chapter examined the questionnaire responses from counselling psychologists, analysed using content analysis, to develop themes in response to each question. Themes from both sets of participants were illustrated with verbatim quotations to enhance the validity of the results. The next chapter will discuss these findings and their implications in greater breadth and depth.

## **Chapter 5 – Discussion**

The research findings reported in the current study support those described in the Literature Review in showing that the transition to fatherhood is a time of intense change, both practical and psychological. It involves adjustment in relationships and ways of living and working, which may or may not have been comprehended beforehand. Becoming a father can have a powerful emotional impact which, although sharing some qualities with other men's experiences, is unique. The findings of the interviews and the questionnaires suggest that counselling psychologists do have a role to play in working with new fathers in their transition to fatherhood, but what comes through very clearly from both sets of participants is that the nature of this role is not clear or easily defined; it is not necessarily in providing strictly therapeutic work, but perhaps in the broader provision of psychological knowledge, education and support, either directly to individuals or groups, or indirectly through the provision of information, working with or training other professionals, through research and the dissemination of findings.

### **Discussion of results**

The response rate from counselling psychologists was disappointing, and could be considered a significant limitation of this study's efforts to expand the literature on the current practice of counselling psychology. There could be a variety of reasons for such a low response rate: perhaps this is an area of work where counselling psychologists generally have comparatively limited experience, whether because men are less likely to seek their services, or because it is an area that has a low profile and has not traditionally drawn much interest. Perhaps the services which do commonly work with new fathers do not know that counselling psychologists may have a lot to offer fathers and so when considering what services to offer, counselling psychologists are overlooked. Eleven counselling psychologists did contact the

researcher saying they were interested in the research but could not participate as they had no experience in this area, suggesting these explanations may have some validity. Alternatively, there may be many counselling psychologists working with new fathers who chose not to respond. This might be because they were too busy, or had already taken part in research in another area of their work. The demands of the practitioner doctorate that research focuses directly on the practice of counselling psychology, rather than more broadly on issues which may impact on wider theory, or the practice, politics or philosophy of the discipline, mean that each edition of the Division of Counselling Psychology weekly email newsletter contains several requests for research participants. It is worth noting that even if each division member took part in at least one research study a year which interested them, there would still be considerable competition for participants amongst doctoral students.

The variety of experiences and areas of work of the counselling psychologists who did respond indicate that some counselling psychologists are indeed working with new fathers. However, participant 5 commented that at first she had not 'conceptualised' clients as new fathers, although they did have young children. This suggests that there may be other counselling psychologists working with new fathers who do not recognise this as an important or relevant experience, perhaps reflecting the father's presentation, or the counselling psychologist's own thinking, assessment and formulation. Of the counselling psychologists who returned questionnaires, all had worked in both the NHS and in private practice, or the voluntary sector, and their work with new fathers reflected work in a mix of these settings, including fathers who were referred, or sought counselling because of other issues, or more direct work with new parents, for instance in a Sure Start centre. Although it would be interesting to know more about what prompted these participants to respond, the response rate could reflect any of these speculations, and perhaps more useful would be an audit of the areas where counselling psychologists do work.

It is clear from the counselling psychologists' responses that they consider the transition to fatherhood to be a time of potential growth but also possible psychological distress, which many men keep silent about and which health professionals, possibly through less-than-conscious collusion with men's reticence, largely ignore. The traditional focus for men has been on how they can support their partner, but it is clear from these findings that men want to be acknowledged as involved and having their own needs, but without taking the focus away from the mother and baby.

The fathers interviewed for this research constituted a self-selected sample; they actively wished to speak about these issues. Although representativeness is not a particular issue in IPA, in that the sample was purposely homogeneous, it is relevant and important that the characteristics of the sample are considered. All the fathers were well-educated, at degree level and above, working in professional jobs and living with the mother of their children. Although they were not all married, they were all in committed, long-term relationships. Using the term 'class' in a general descriptive rather than in a theoretically sophisticated sense, the participating fathers were a predominantly 'middle-class' cohort, the majority of whom described themselves as 'white British'. Although sharing many experiences, such as attending NCT classes, for example, which might be considered a fairly 'middle-class' organisation, the participants' experiences were each unique. It is important to remember that rather than making claims for larger populations, IPA aims to report in detail on a particular group, as a starting point for further investigation (Smith et al., 2009: 49). Other possible cohorts of participants would have quite possibly had different experiences in their transition to fatherhood, possibly sharing other social or cultural traditions or experiences, which will have impacted their experience of becoming a father. If the researcher had spoken to eight fathers from 'working-class', or relatively poorly educated backgrounds, for example, different findings might have emerged from the research. Thus, although the current study is focussed on the particular group of fathers interviewed, it is not claiming that

their experiences are necessarily representative of all British fathers, or the only ones that are important or interesting. Nevertheless, they do constitute a group whose experiences can serve as a starting-point for building pictures of larger populations (ibid.: 49).

One issue to come out of the interviews with fathers was that although many of them had been involved with NCT groups, for example, these had been organised by their wife/partner, and the fathers themselves had not actively sought professional help. Some had read books or looked things up on the internet, but they had not had any other involvement with parenting, family or other organisations. Interview findings support research examined in Chapter 2 considering men's reluctance to engage with counselling and other professional help. All the fathers interviewed spoke about men as less likely to seek help than women, in terms of socialisation to a masculine role or ideal, and lack of knowledge. It is apparent that these are key barriers to men seeking help and to counselling psychologists working with new fathers. An understanding of this is important in thinking about how counselling psychologists do and might engage fathers and men more generally in psychology services and psychological work. It would need to be seen as valuable, normal and not involve '*poking your head above the parapet*' (Fred). It is also very clear that services for men need to be flexible. All the fathers in this study were the main earner in their family, often working long hours. Effective services for men would clearly need to take this into consideration. If such services are not available at evenings and weekends, for example, they will simply not be a viable option for large numbers of men, however keen and open they may be. Information and publicity about services also need to be thought about. Participants tended to describe their partners as having found out about NCT and other services, and then instigated involvement. It would be interesting to find out more about this search for information, how existing services are publicised and whom they are aimed at.

An interesting issue to arise from the research is the way in which people make sense of their experiences. Several of the fathers struggled to articulate their feelings, as if it is difficult to understand and to articulate something when you are in the middle of it, leading to an interesting question about how meaning is constructed. This is particularly relevant when researching a transition, as a transition is always evolving. Being a parent involves being in a constant state of transition, where meaning is never fixed, so that every time you adapt to a stage of parenting, your child changes and is on to the next stage (George, 2009: xxi). This leads to a question about when is the best time to ask about the transition to fatherhood. It was clear that for some participants, the research interview itself was a way of processing some of their experiences and feelings, but the question remains about whether there is a ‘right’ or a ‘wrong’ time for that. Perhaps it is helpful to allow some time to pass; new babies can be very demanding, and parents may potentially be rather sleep-deprived and otherwise overwhelmed in the first months, and perhaps this makes it difficult to find time and space for reflection. Alternatively, perhaps, if it is left too long, it becomes too difficult to remember how one felt before the baby arrived, and in those first months or years, and the limit of five years used in the current study was an attempt to manage this. It is also important to remember that each of those experiences is unique, so perhaps it is not possible to make a judgement about when is the ‘right’, ‘wrong’ or ‘best’ time, as it is very much individual to the father. In this study participants’ children ranged from seven weeks to three years of age, so there was a range of experiences. Perhaps these fathers felt able to participate because, for them it was the ‘right’ time. It might have been revealing to have asked a question on this issue, and it would perhaps make an interesting follow up to the current research.

It seems that there are two possible approaches here that need to work in tandem – encouraging men, many of whom are already open to engaging with services for new fathers, to become actively engaged; and secondly, making those services known to fathers and practically available and accessible to them.

However, in attempting to increase access to services or interventions, or other work with new fathers, counselling psychologists and other professionals need to display caution to prevent a self-fulfilling prophecy being created, where fathers' resilience and resourcefulness are overlooked and professional interventions become routine and expected. This might require a very careful balance being found between education on the possible psychological impact of the transition to fatherhood, where emotional openness and engagement with services are encouraged, with an approach that is careful not to pathologise, medicalise or psychologise normal experience (e.g. Illich, 1976; Furedi, 2008; Lee, 2009). Whether an institution of the size and complexity of the NHS could manage such a task is debatable and given the economic climate at the time of writing, and proposed cuts to existing services in all areas of public spending, it seems likely that any new services or intervention initiatives would have to be absorbed by already stretched maternity and/or psychology services.

As explained in earlier chapters, the aim of this study is not to carve out a new professional role for counselling psychologists but to find out about the work that counselling psychologists already do with new fathers, the kinds of work they may be able to do, and whether there is scope for a greater relationship between these two groups. This research did not give a clear answer of a specific kind of service or intervention that the new fathers agreed would be useful in supporting them in their transition to fatherhood, but Edie and Loewenthal's (2007) conclusion, that a counselling service for expectant and new fathers should be set up, was not borne out by the current research.

The exact nature of support that fathers valued or would have valued was often difficult for them to articulate, and an important issue to emerge was around the term 'support'. The dictionary definition of 'support' is to give assistance, encouragement or approval, to be actively interested (OED, 1998), and it clearly has a wide range of meanings to the individuals involved in this study, both the fathers and the counselling psychologists, as well



as to the researcher herself. The particular importance of relational aspects of support was very clear in the counselling psychologists' responses and descriptions of their work, reflecting the relational and humanistic values that lie at the core of counselling psychology (Cooper, 2009). This was also reflected in the responses of most of the fathers, who described the support that they valued the most as coming from those with whom they could share their experiences, those who gave assistance, encouragement or were actively interested, whether that be family or friends. Encouraging peer-support for new fathers, within existing maternity and family services, could be an economical and effective starting point, and perhaps this could be a 'way in' for counselling psychology, in engaging with this particular client group. The researcher feels that what ran through all the interviews was a feeling of wanting to have an opportunity to describe and process experiences, and perhaps this is the key feature that counselling psychology can provide, or enable.

Research in the Literature Review is clear in its finding that men's voices are not heard (e.g. Edie and Loewenthal, 2007; Draper, 2002). The importance of recognising and addressing fathers' emotional needs, for their own sake and for their children and other relationships, is also clear from the existing research (e.g. Ramchandani et al., 2005; Layard, Dunn et al., 2009). Slade and Cree (2010), in their psychological plan for maternal perinatal care suggest that providing opportunities to talk about becoming a mother and the self as mother are important in helping the mother make cognitive and emotional shifts, both during pregnancy and after the baby's birth. The opportunity to share those discussions and to develop a sense of self as a parent is important in promoting optimal psychological health. There is a clear gap here for fathers, and this could be an area that counselling psychologists could be involved with developing. It would not necessarily need to be counselling psychologists who provided the service, but they could be involved in providing knowledge and training for other professionals, such as midwives, health visitors, family centre workers, or social

workers, for example, in how to listen and discuss emotional issues, and in terms of thinking about referring people on to other appropriate professionals.

In his keynote speech at the 2009 Division of Counselling Psychology conference, Cooper (2009) examined how counselling psychology might move forward into the future. After defining what he considers to be the humanistic values and ethic at the core of counselling psychology, he located it in Levinas' (1969) concept of 'Welcoming the Other', at the heart of which is a willingness to attune and be responsive to the changing and unique needs and wants of the other (Cooper, 2009: 122). Cooper goes on to explore how counselling psychologists might fully welcome the other by passing on our psychological knowledge and expertise. He quotes Miller (1969: 1074), who in his Presidential Address to the American Psychological Society said:

Psychological facts should be passed out freely to all who need and can use them... I can imagine nothing that we could do that would be more relevant to human welfare, and nothing that could pose a greater challenge to the next generation of psychologists than to discover how best to give psychology away.

Cooper (2009) suggests that this giving away of knowledge and expertise could be done, for example, through greater involvement of counselling psychologists in self-help literature or an emphasis on community involvement, in helping clients and communities develop more satisfying means of relating to others. These suggestions seem to link closely with the ideas of the current research, that counselling psychologists have a key role in spreading psychological knowledge and expertise of the experience of becoming a father, whether directly to the fathers, or through work with others.

An example of this could be the kind of work some of the participants described in terms of providing supervision, information or training or, as described above, of developing a way of

facilitating discussions about fatherhood with expectant and new fathers. It might involve running parenting courses, perhaps in co-operation with other professional groups, and it would also include developing the evidence base for counselling psychology's value in working in this area, so promoting the 'scientist-practitioner' (Strawbridge and Woolfe, 2009: 2) aspect of counselling psychology's identity. From this it is clear that there is a demand on counselling psychology, both as a Division within the BPS, and counselling psychologists as individuals, to engage in this kind of 'giving away' work.

An important concern is around how what counselling psychology has to offer is distinctive from what other applied psychologists, counsellors or psychotherapists have to offer in such work. Goldstein (2009: 36) writes that counselling psychology is 'unique in that its competencies are founded upon a philosophically-oriented and explicit statement of values'; but there are other writers who question this – for example Kinderman (2009: 16) describes how in the 'Venn diagram' of overlapping competencies shared by other caring professions, psychosocial professionals, psychological therapists and other branches of professional psychology, there is 'little apparent unique territory for counselling psychology'. This leaves a question about whether counselling psychology can address the gap in provision of services for fathers, better or more appropriately than other helping and clinical professions. The researcher takes a positive stance here, believing that the skills and understanding of counselling psychologists in producing and using research in their work, alongside reflective practice and the increasing number of counselling psychologists in senior roles in the NHS, universities, prisons and charities (Walsh and Frankland, 2009), mean that counselling psychologists are in an excellent position to promote such services or interventions.

## **Suggestions for further research**

There are several areas from this study and the above discussions which might provide interesting avenues for further research, some of which have been suggested earlier in this chapter, including looking more explicitly at how parents look for professional support, and which parent instigates different aspects of support, how and why, or at how both parents experience the transition as individuals, as a couple and as a family. Three other areas are outlined here:

- The term ‘support’ is very broad and can be widely interpreted, so understanding more explicitly what people experience as supportive would be both interesting and useful. This could involve a study of what exactly constitutes support, perhaps mapping explicitly to the skills set of counselling psychologists and other applied psychologists, counsellors and psychotherapists.
- The low response rate from counselling psychologists in this study raises questions about how and where counselling psychologists are working, and with whom they are working. An audit of the work that counselling psychologists do would be an interesting exercise in understanding a growing and changing profession. It would also be interesting to compare this with the work of other applied psychologists, and with counsellors and psychotherapists, to further examine the extent to which counselling psychology is distinctive from other professions, and how it might develop that uniqueness to strengthen its role and position.
- IPA research purposefully uses small samples to understand how individuals make sense of their world and to explore participants’ subjective experiences, and the scale of this research was appropriate for the demands of a practitioner doctorate. IPA does not intend to privilege one group of participants, but to use their experiences as a

starting point to build a bigger picture, so it might be interesting to follow up some of the themes in this study by considering the experiences of other helping, caring or health professionals who work with new fathers, or to explore the experiences of a different group of fathers, perhaps those in different circumstances, for example young fathers or fathers separated from their children, to build a more detailed picture.

## **Reflections on the research and the research process**

Rizq (2008b) has described the relationship between researcher and participant in qualitative research as analogous to that of the ‘analytic couple’ in psychoanalysis. The similarities in the dynamics between the research and therapeutic interviews mean that whilst the participant may have an intense emotional experience during the interview, the qualitative research interview may ‘engender a level of emotional strain in the researcher that may have quite specific consequences for the analysis and presentation of the results’ (Rizq, 2008b: 42).

Rizq describes her apprehension at sharing her initial analysis with her participants:

Sharing my ongoing qualitative analysis and, subsequently, my results with participants felt somehow deeply threatening to the privacy and intimacy I felt I had established in our research relationships. A sense of guilty betrayal pervaded my attempts to interpret and analyse the data, sometimes resulting in the temptation to dilute or pass over what I felt to be significant material: I was concerned about how to maintain and balance a sense of personal and academic integrity. (Rizq, 2008b: 40).

Rizq’s description of her response to this agreed process very accurately articulates how I felt during the research analysis, and my own feelings of vulnerability in the research process require some reflection and articulation at this point. I had to steel myself to write and

eventually to send the fathers the participant validity letters I had put together for each of them. Having spent so much time on my own with their interview transcripts and my analyses I felt very anxious about how they might respond to my interpretations. The process of transcribing and analysing what was participants' highly personal material felt intensely private, and on reflection it was the process of revealing my thinking to those who would be best placed to challenge my understandings and analyses – my participants - that generated much of my anxiety. The possibility that my participants might say that I had misunderstood them felt threatening to my conviction that we were involved in collaborative research together; to my identity and competence as a counselling psychologist, in which role I felt I *'should'* be able to understand; and potentially to the completion of the research and, therefore, my training.

In the event, the responses I received were positive, with one father commenting that my summary really did sound like him. This feedback was reassuring, both personally and academically, and enabled me to feel greater confidence in my understanding and interpretation of what my participants had told me.

In Chapter 1, Chamberlain's (2001: 20) three levels of examination of the relationship between the researcher and the research were introduced:

1. Who is the researcher and where does she stand on issues that are relevant to the research?
2. How did the researcher's values, understanding and presumptions impact on the research?
3. How did the research impact on the researcher?

Level 1 was considered in Chapter 1, whilst levels 2 and 3 will be considered here.

The most obvious way that I, as researcher, impacted the research interviews was through my gender. In this way I was very much an outsider (McNiff and Whitehead, 2006: 8). Combined with the fact that I do not have children and I have a very different working life to my participants, I was prepared to find that I might not understand them. *Adam's* belief that you just can't understand the experience of becoming a father until it happens to you means that it is an experience, or a phenomenon, that, as a woman, I can never expect to understand, because I can never experience it. However, perhaps the impossibility of identifying with my participants had a positive dimension, as identification might have been distracting, and perhaps because I could not experience it, I had to listen more carefully to make sure that I had understood, as best I could, what they were trying to tell me. In this way I was not clouded by my own experiences and my presumptions were more easily challenged.

Being a female researcher inevitably impacted on the research however. First, and following on from work discussed earlier (e.g. Furedi, 2008; Lee, 2009), there are dangers involved in assuming that a typically 'female' way of privileging (for example) the capacity to experience vulnerability and the value of expressing one's feelings might not be at all relevant in many realms of contemporary masculinity. It also seems important to consider how my identity as a female interviewer might have impacted upon my male interviewees, and the content of what they shared with me in the interviews. A male researcher might have evoked different responses to the same questions, suggesting that we need to take account of the unavoidably gendered, relational nature of the knowledge that research like the current study purports to generate. I have wondered whether, as *George* suggested it did for him, being female actually made it easier for some of the fathers to talk to me. Perhaps, given what the fathers said about men not speaking to each other about emotional experiences, a female researcher offered less threat of judgement or challenge to their masculine identity.

A further source of impact that I noticed was that I frequently found myself wondering what the father's wives or partners might have thought or said in response to my questions, or to their partner's responses. For example, *David* described '*accidental things*' being in place when his wife became pregnant, by which he meant that they were both at advanced stages in their careers, were financially stable and had their families nearby. I wondered after the interview whether his wife would have described these things as '*accidental*' and I struggled to remove my own assumption from this, that when actively planning to start a family, you would think about these issues. Perhaps I missed an opportunity to explore this with *David*, as it might have provided an interesting insight into his experience of 'planning' a family. An interesting development of this research might be to speak to both parents, perhaps individually and together, about their experiences of becoming parents, and so place the experience in the wider context of their relationship and family. This also seems relevant, given the importance placed by the fathers on supporting each other and of sharing their experiences.

Another example of where my values may have impacted the research was in the interview with *Hari*. I struggled with *Hari's* very strong ideas that the mother's place is at home, and his firm belief that the increase in mothers working outside the home has contributed to a breakdown in society and family values. Whilst I understand the importance of the mother-baby bond and the importance for the child of developing strong, secure attachments in the early years (e.g. Bowlby, 1988), I found that his ideas challenged my own on women returning to work and maintaining a working life after having children. I also found *Hari's* focus on practical issues and dismissal of psychological needs quite daunting. He did say that he thought that the practical and the emotional do impact upon each other, but it was a challenge to the view that emotional needs are so important, which I have been immersed in during the course of my counselling psychology training. *Hari* described how his cultural background and family experience (he is from an Indian family, born and brought up in



London) had influenced him. Reflecting on the interview with *Hari*, his views, and the way he expressed them, differed from my own to such an extent that at times in the interview I struggled to understand him in as clear a way as I experienced with the other participants. The interview reminded me of the importance of being open to, and accepting towards, ways of thinking that may be substantially different from my own, a result, perhaps, of differing socio-cultural experiences (Eleftheriadou, 2010: 211), and also the importance of considering issues of race and culture in attitudes towards counselling psychology. If the dynamics of the research interview are similar to those of a therapeutic interview (e.g. Smith and Osborn, 2003; Rizq, 2008b), then the impact of issues of race and culture need to be considered in the interviewer-interviewee relationship in a similar way to the therapeutic relationship (Eleftheriadou, 2010: 207). I would argue that the practical constraints of the interview (we met at *Hari's* workplace, where he had a one-hour time slot in which to meet me, between appointments) meant that I felt limited in how much consideration we could give to such issues. I am aware that cross-cultural counselling psychology is an area that has been investigated significantly less than other areas of the psychology field (ibid.: 197); perhaps an interesting focus of future research might be the impact, and experience of, cultural influences on the transition to fatherhood, and involvement with counselling psychology, and other psychological services and interventions.

As described in earlier chapters, I began this research with a presumption that fathers are important to their children's lives, and reflecting on the research process it would have been difficult, and I am not sure it would have been helpful, to attempt to separate this off. The fathers all had their own ideas about how they were important or the role they wanted to play in their children's lives, supporting my presumption. I was surprised by how open and thoughtful the fathers frequently were, and how lovingly they spoke about their children. This was not because I did not expect them to be thoughtful or loving, but because prior to the interviews, through experiences with friends and suggested through reading, I had

imagined that they might be reluctant to engage. I was very pleasantly surprised at how many fathers responded to requests for participants, and although some of the fathers took some time to open up, or warm to the subject, this seems very reasonable, given that they were talking about sometimes very personal experiences to a relative stranger.

Returning to the theme at the beginning of this section of the impact on the researcher of the research interview and its similarity to a therapeutic interview, I was moved by the fathers' stories, and by the range and variety of reactions and emotions. I felt welcomed into their homes and workplaces and I felt privileged to be told their stories. My understanding of fatherhood changed most dramatically during my interview with *Ben* as he described losing his partner's first pregnancy at a very late stage, after many years of IVF treatment. The baby was delivered dead, and *Ben's* description of sitting with his son, thinking about his hopes and dreams for him, was incredibly moving. I was reminded of the uniqueness of people's experiences and, as a result of this, I changed the wording of the research question, to remove an earlier pre-fix of 'first time' fathers, as it felt overly restrictive.

In Chapter 1 I outlined some of my personal motivations for undertaking this research and it feels important to provide some reflection on this, at the end of the research process. The research has arguably provided as many new questions as answers, and I think it will take time to process these, after the active involvement of analysis and writing up is completed. As described above, listening to the participants' stories of becoming a father was a privilege and a valuable reminder of the uniqueness of individual experience. The research has also played a valuable role in the development of my understanding of the philosophy and practice of counselling psychology, as colleagues have shared their experiences with me and I have seen the great potential of counselling psychologists to help people. This has also provided a very real illustration of how a balance can be found between the 'scientist practitioner' and

‘reflective practitioner’ (Strawbridge and Woolfe, 2009: 2) elements of counselling psychology’s identity, and the way that they go hand in hand.

## **Conclusions**

The current research has looked at the impact on well-being and mental health of becoming a father, and whether, or not there is a role for counselling psychologists in supporting fathers in their transition to fatherhood. The current research findings are consistent with earlier research in showing that becoming a father is a time of emotional adjustment, possible growth and possible psychological distress, and that many men keep silent about their experiences and their needs. The research found that men want to be acknowledged as involved in their partner’s pregnancy and their children’s lives, and for their own needs to be recognised. Counselling psychologists reported that relational aspects of their work are central to the support they can, and do, offer to new fathers. The research suggests that counselling psychologists are in an excellent position to support new fathers, through the provision of psychological knowledge, education and therapeutic work, both directly and through training other professionals, and by publishing research in the area.

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## Appendices

- Appendix 1 Recruitment poster for counselling psychologists
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## Appendix 1 - Recruitment poster for counselling psychologists



**Are you a Counselling Psychologist?**

**Are you working with, or have you worked in the past with men with children under the age of 5?**

**Would you be interested in taking part in research looking at men's experiences of becoming a father?**

I am a trainee Counselling Psychologist at Roehampton University and I am carrying out research exploring how men experience the transition to fatherhood, how it impacts on their well-being and whether, or not, there is a role for Counselling Psychologists in assisting in this transition.

Taking part in this research involves completing an open-ended questionnaire (taking approximately half an hour) to explore some of the issues of working with this client group and how they might be supported by Counselling Psychologists.

All your details will be kept confidential and anonymous.

If you are interested in finding out more please contact me by email or by telephone:

**Title of Research Project:** The Counselling Psychology needs of new fathers.

**Researcher contact details:**

Jude Johnston,  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

johnstoj@roehampton.ac.uk  
Tel: 07932 791 801

## Appendix 2 – Letter to Children’s Centre managers

(Address)

(Date)

Dear (name)

**Research exploring how men experience the transition to fatherhood and how it impacts on their well-being.**

I am a trainee Counselling Psychologist at Roehampton University and I am carrying out research exploring how men experience the transition to fatherhood, how it impacts on their well-being and whether, or not, there is a role for Counselling Psychologists in assisting in this transition.

I am currently looking for fathers (within the first five years of fatherhood) to take part in this research. Please find attached an advert and information sheet for participants. Participating would involve taking part in a one-off interview which would last approximately one hour.

I would be grateful if you could put up this poster somewhere it would be seen by families using your services, or draw the attention of any fathers you know who might be interested in participating, to the poster.

Please do not hesitate to get in touch with me if you would like more information about the research study. Many thanks for your help.

Yours sincerely

Jude Johnston

PsychD Roehampton University



## **Appendix 3 - Emails to counselling psychologists**

### **Initial email to individual counselling psychologists:**

Dear (name)

#### **A UNIQUE RESEARCH OPPORTUNITY: COUNSELLING PSYCHOLOGISTS AND NEW FATHERS**

I hope you don't mind me contacting you in this way, but I found your name and email address on the BPS register of Counselling Psychologists and hoped you might be interested in participating in my research.

I am a trainee Counselling Psychologist at Roehampton University, working towards my PsychD, and I am carrying out research exploring how men experience the transition to fatherhood, how it impacts on their well-being, and whether, or not, there is a role for Counselling Psychologists in assisting in this transition.

Taking part in this research involves completing an open-ended questionnaire to explore some of the issues of working with this client group and how they might be supported by Counselling Psychologists. Your answers to the questions can be as brief or as elaborate as you wish.

I hesitated about attaching the full questionnaire to this email as it seemed rather presumptuous, but I have taken the liberty of attaching further information about the study and what is involved in participating. If you would like to participate, do please let me know and I will immediately email you the questionnaire and consent form to complete at your convenience; or if you would prefer, I can send you a paper copy, with a stamped addressed envelope for their return.

Thank you for your time, and I very much look forward to hearing from you,

Kind regards

Jude Johnston

Roehampton University PsychD Counselling Psychology

**Follow up email:**

Dear (name)

**A UNIQUE RESEARCH OPPORTUNITY: COUNSELLING PSYCHOLOGISTS AND NEW FATHERS**

You may remember receiving an email from me in the week before Christmas, asking whether you would be interested in participating in my PsychD research on the Counselling Psychology needs of new fathers. I appreciate that because of the Christmas and New Year break you may not have had a chance to look at it, and so I hope it isn't unduly intrusive to be sending you this follow-up email about my study.

I am a trainee Counselling Psychologist at Roehampton University, working towards my PsychD, and I am carrying out research exploring how men experience the transition to fatherhood, how it impacts on their well-being, and whether, or not, there is a role for counselling psychologists in assisting in this transition.

Taking part in this research involves completing an open-ended questionnaire to explore some of the issues of working with this client group and how they might be supported by Counselling Psychologists. Your answers to the questions can be as brief or as elaborate as you wish.

I have attached an information sheet, the questionnaire and a consent form to this email, and if you would like to participate, I'd be most grateful if you could complete both the consent form and the questionnaire, and return them to me, either by email, or if you would prefer to post them, please let me know your address and I will send paper copies with a stamped, addressed envelope for their return by post.

Thank you again for your time.

Kind regards

Jude Johnston

Roehampton University PsychD Counselling Psychology

## **Appendix 4 - Advert in *The Psychologist* magazine and the Division of Counselling Psychology newsletter**

### **Advert in *The Psychologist* (January 2010):**

Are you a Counselling Psychologist? Are you working with, or have you worked in the past with men with children under the age of 5? Would you be interested in taking part in research looking at men's experiences of becoming a father? I am a trainee Counselling Psychologist at Roehampton University and I am carrying out research exploring how men experience the transition to fatherhood, how it impacts on their well-being and whether, or not, there is a role for Counselling Psychologists in assisting in this transition. Taking part in this research involves completing an open-ended questionnaire (taking approximately half an hour) to explore some of the issues of working with this client group and how they might be supported by Counselling Psychologists. All your details will be kept confidential and anonymous. If you are interested in finding out more please contact me by email: [johnstoj@roehampton.ac.uk](mailto:johnstoj@roehampton.ac.uk)

### **Advert in the Division of Counselling Psychology email newsletter (11<sup>th</sup> May 2010)**

#### **A counselling psychologist who has worked with men with children under the age of five?**

Are there really so few counselling psychologists working with new fathers? My advert appeared in *The Psychologist* (February 2010). It outlined my research on

- \*how men experience the transition to fatherhood

- \*how it impacts on their well-being

- \* is there a role for counselling psychologists in assisting in this transition

I received a muted response to my advert. Is this because there really are so few counselling psychologists working with new fathers? Please prove me wrong!

If you are a counselling psychologist who has worked with men with children under the age of five, and you would be prepared to complete a questionnaire, I would be delighted to hear from you. Thank you in anticipation, Jude Johnston [johnstoj@roehampton.ac.uk](mailto:johnstoj@roehampton.ac.uk)  
Research supervised by Dr Harbrinder Dhillon-Stevens and Dr Richard House, Roehampton University

## Appendix 5 - Recruitment poster for fathers

### **Are you a father of children aged 5 or under?**

### **Would you be interested in taking part in research looking at men's experiences of becoming a father?**

I am a trainee Counselling Psychologist at Roehampton University and I am carrying out research exploring how men experience the transition to fatherhood, how it impacts on their well-being and how they can be supported.

I am interested in talking to all fathers, whether or not you live with your child/children and their mother.

Taking part would involve answering a few open-ended questions about your experiences. We would arrange a time and location that suits you and all your details would be kept confidential and anonymous.

If you are interested in finding out more, please contact me either by email or telephone and I will give you more details about the research and what taking part would involve.

**Title of Research Project:** The Counselling Psychology needs of new fathers.

**Researcher contact details:**

Jude Johnston,  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

johnstoj@roehampton.ac.uk  
Tel: 07932 791 801)

## Appendix 6 - Recruitment Information for counselling psychologists

## ***ETHICS BOARD***

### **RECRUITMENT INFORMATION FOR COUNSELLING PSYCHOLOGISTS WORKING WITH NEW FATHERS**

**Title of research project: The Counselling Psychology needs of new fathers.**

Thank you for expressing an interest in this research. I hope that the information below will help you in making your decision of whether to take part. If you have any questions that have not been answered here, please do not hesitate to contact me.

#### **Brief description of research project**

The intention is to look at the experiences of new fathers (in the first 5 years) in their transition to fatherhood and whether there is a role for Counselling Psychologists to assist in this transition. I will be asking Counselling Psychologists to complete open-ended questionnaires about their experiences of working with new fathers, and their role in supporting in this transition and will be interviewing new fathers to find out about their experiences directly.

At the end of this research I would like to have a clearer idea about how fathers experience the transition to fatherhood, how they feel it affects their well-being and what role, if any, Counselling Psychology may have in providing psychological support during this time.

#### **What are the potential benefits for participants, and for the researcher?**

I hope that your answers will help me to understand more about how you have worked with new fathers and your understanding of their transition to fatherhood and how this impacts on their well-being.

I hope that this will be a useful opportunity for you to think about your work with clients at this important life transition.

From this I hope to write up the research for a PsychD, a Doctorate in Counselling Psychology.

#### **What will taking part involve?**

I would like you to complete a partially structured, open-ended questionnaire. This will take approximately half an hour of your time. The questionnaires will be looked at individually and then in relation to others, out of which I hope a picture will emerge.

#### **Will participants remain anonymous?**

I will ensure your anonymity by coding your answers with a letter chosen at random and otherwise changing all identifying details (names, dates, places etc). Nobody else will have access to the answers, or the details you have given with regard to your contact information etc. The University examining board may request to read the, anonymous, questionnaire answers.

The research will be written up and the completed thesis may be placed in the University library and may be submitted for publication, in part or as a whole.

#### **What issues may arise from participating?**

Participating may bring up feelings about your work or your own relationships and life that may be uncomfortable for you and there will be a chance to talk about this when you have completed the questionnaire. I will also provide you with details, on the Debrief form, of where you can find appropriate support if you would like to discuss any topics or issues that arise in more depth.

You have the right to withdraw from the research at any time and to withdraw your data, although data in an aggregate form may still be used and/or published. You will be able to withdraw via use of the ID number which will have been allocated to you.

### **What happens next?**

If you are interested in finding out more or taking part please contact me, preferably by telephone or email. We can then discuss further, giving you the chance to ask any questions you may have and I will then send you the Participant Consent Form, which I will ask you to sign and return along with the questionnaire. A stamped, addressed envelope will be included for you to return them in, or if you prefer I can email the questionnaire and you can return it electronically.

Jude Johnston  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD.

johnstoj@roehampton.ac.uk  
07932 791 801

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School.

#### **Director of Studies Contact Details:**

Harbrinder Dhillon-Stevens  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave,  
London SW15 4JD

0208 392 3618  
Harbrinder.Dhillon-Stevens@roehampton.ac.uk

#### **Dean of School Contact Details:**

Michael Barham  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave  
London SW15 4JD

0208 392 3617  
m.barham@roehampton.ac.uk

## Appendix 7 - Recruitment Information for fathers

### RECRUITMENT INFORMATION FOR FATHERS

**Title of research project: The Counselling Psychology needs of new fathers.**

Thank you for expressing an interest in this research. I hope that the information below will help you in making your decision on whether to take part. If you have any questions that have not been answered here, please do not hesitate to contact me.

#### **Brief description of research project**

The intention is to look at the experience of new fathers (in the first 5 years) in their transition to fatherhood and whether there is a role for Counselling Psychologists to assist in this transition.

At the end of this research I would like to have a clearer idea about how fathers experience the transition to fatherhood, how they believe it affects their well-being and what role, if any, Counselling Psychology may have in providing psychological support during this time.

#### **What are the potential benefits for participants, and for the researcher?**

I hope that by talking with you it will be possible for me to understand more about how you have experienced becoming a father, how it has affected your well-being and your views on support you may have received, and support that you would have liked or think might be helpful during this transition.

I hope that taking part in this research will be a useful time for you to explore your thoughts and feelings about becoming a father.

From this interview information I intend to write up the research for a PsychD, a Doctorate in Counselling Psychology, which I anticipate will help to provide useful information and insight into helping new fathers adjust to this important life transition.

#### **What will taking part involve?**

I would like to interview you for approximately an hour. The interview will be audio recorded and then I will transcribe the interview. The transcript will then be looked at individually and then in relation to other interview transcripts, out of which I hope a picture will emerge. The interview will take place in a location convenient for you, arranged with the researcher.

#### **Will participants remain anonymous?**

I will ensure your anonymity by coding your transcript with a letter chosen at random and otherwise changing all identifying details (names, dates, places etc.). Nobody else will have access to the tapes, or the details you have given with regard to your contact information etc.

You will be able to see a copy of your interview transcript to discuss if you wish and the University examining board may request to read the, anonymous, interview transcript.

The research will be written up and the completed thesis may be placed in the University library and may be submitted for publication, in part or as a whole.

### **What issues may arise from participating?**

This may be a sensitive issue for you and as such, you may find that speaking about your experiences leaves you more aware of issues which feel difficult or brings things up that are upsetting for you. There will be an opportunity to talk about this after the interview, and I will also provide you with details, on the Debrief form, of where you can find appropriate support if you would like to discuss any topics or issues that arise in more depth.

You have the right to withdraw from the research at any time and to withdraw your data, although data in an aggregate form may still be used and/or published. You will be able to withdraw via use of the ID number which will have been allocated to you.

### **What happens next?**

If you are interested in finding out more or taking part please contact me, preferably by telephone or email. We can then discuss my research further, giving you the chance to answer any questions you may have. We will agree on the practical arrangements, such as when and where to meet. I will also send you the Participant Consent Form, which I will ask you to sign and return (a stamped, addressed envelope will be provided).

Jude Johnston  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD.

johnstoj@roehampton.ac.uk  
07932 791 801

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or you can also contact the Director of Studies).

#### **Director of Studies Contact Details:**

Harbrinder Dhillon-Stevens  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave,  
London SW15 4JD

0208 392 3618  
Harbrinder.Dhillon-Stevens@roehampton.ac.uk

#### **Dean of School Contact Details:**

Michael Barham  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave  
London SW15 4JD

0208 392 3617  
m.barham@roehampton.ac.uk



## Appendix 8 - Participant Consent Form



*ETHICS BOARD*

# PARTICIPANT CONSENT FORM

**Title of Research Project:** The Counselling Psychology needs of new fathers.

**Brief Description of the Research Project:**

This research will investigate the experiences of new fathers (in the first 5 years) in their transition to fatherhood and whether there is a role for Counselling Psychologists to assist in this transition. I will be asking up to ten Counselling Psychologists to complete open-ended questionnaires, taking approximately half an hour, about their experiences of working with new fathers, and their role in supporting in this transition. I will then be interviewing up to ten new fathers to find out about their experiences directly. These interviews will be audio recorded then transcribed and will last approximately one hour.

At the end of this research I would like to have a clearer idea about how fathers experience the transition to fatherhood, how they feel it affects their well-being and what role, if any, Counselling Psychology may have in providing psychological support during this time.

Participants have the right to withdraw from the research at any time and to withdraw their data, although data in an aggregate form may still be used and/or published. Participants will be able to withdraw via use of the ID number which will have been allocated when consent to participate is given. No reason need be given for withdrawing.

**Researcher contact details:**

Jude Johnston,  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

johnstoj@roehampton.ac.uk  
Tel: 07932 791 801

**If you agree to take part in this research project please read and sign the consent statement on the following page.**

**Consent Statement:**

I agree to take part in this research, and am aware that I am free to withdraw at any point without needing to give a reason. I understand that I am free to withdraw my data at any point without giving a reason, but that data in an aggregate form may still be used and/or published. I understand that I will be given a participant ID number to code my identity. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name .....

Signature .....

Date .....

Participant ID number (allocated by researcher).....

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or you can also contact the Director of Studies).

**Director of Studies Contact Details:**

Harbrinder Dhillon-Stevens  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave,  
London SW15 4JD

0208 392 3618  
Harbrinder.Dhillon-Stevens@roehampton.ac.uk

**Dean of School Contact Details:**

Michael Barham  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave  
London SW15 4JD

0208 392 3617  
m.barham@roehampton.ac.uk

## Appendix 9 - Questionnaire for counselling psychologists



### Questionnaire for Counselling Psychologists

**Title of research project: The Counselling Psychology needs of new fathers.**

Thank you for taking the time to participate in this research project. Please answer the following questions, continuing on an extra sheet if necessary. Your answers to the questions can be as brief or as elaborate as you wish.

Your anonymity will be ensured by coding your answers with a letter chosen at random and otherwise changing all identifying details (names, dates, places etc). Nobody else will have access to the answers, or the details you have given with regard to your contact information etc. The University examining board may request to read the, anonymous, questionnaire answers.

You have the right to withdraw from the research at any time and to withdraw your data, although data in an aggregate form may still be used and/or published. You will be able to withdraw via use of the ID number which has been allocated to you.

On completion please return the questionnaire either in the stamped addressed envelope provided or by email to [johnstoj@roehampton.ac.uk](mailto:johnstoj@roehampton.ac.uk)

Gender:

---

Number of years since qualification:

---

Principal workplace e.g. NHS/private practice/other/both:

---

---

**Thank you very much for your time.**

1. Can you tell me about an experience of working with (a) new father(s)?
2. What understanding of or insights into men's experiences of fatherhood do you have, based on your work as a Counselling Psychologist?
3. What is your understanding/perception of how these experiences impact on fathers' well-being and/or mental health?
4. What is your understanding/perception of the well being and/or mental health needs of new first-time fathers?
5. What role, if any, do you think Counselling Psychology could have in supporting fathers, assisting in the transition to fatherhood, and meeting any well-being and/or mental health needs?
6. Do you consider that relational aspects of your work have importance or significance for working with new fathers? If they do, please explain how.

Please add anything further that comes to mind around the theme of Counselling Psychologists working with new, first-time fathers that you have not had the opportunity to share above.

**Thank you again for your much-valued input into my research.**

## **Appendix 10 - Interview questions for fathers**

The main question is the research question: “What are the implications for well-being of new fathers’ experiences of fatherhood, and what role, if any, might Counselling Psychologists have in assisting the transition to fatherhood?”

Initial ideas for questions that might be asked in interviews with fathers to encourage exploration of the research question:

- Can you tell me about your experience of becoming a father?
- What were the feelings you felt? (e.g. stress, anxiety, depression, joy, fulfilment....)
- How did these feelings impact on you (well-being and/or mental health)? (e.g. relationships, feelings, emotions, thoughts, behaviour....)
- Can you tell me about any sources of support you have had (family or professional) since you became a father?
- Have you had any support from health services (e.g. Midwives, Health Visitors, GP, counsellor/psychotherapist, Sure Start, Social Services, any other)? Can you tell me about your experiences? What was helpful/not helpful (for each one)?
- What gets in the way of supporting new fathers?
- How do you think, if at all, new fathers could/should be supported? (practical/emotional?)
- What role, if any, do you think Counselling Psychology might have in assisting new fathers in the transition to fatherhood?

## Appendix 11 - Debrief form for counselling psychologists



Participant ID number .....

### ETHICS BOARD

#### DEBRIEFING INFORMATION FOR COUNSELLING PSYCHOLOGISTS

**Title of Research Project:** The Counselling Psychology needs of new fathers.

**Brief Description of Research Project:**

This research will investigate the experiences of new fathers (in the first 5 years) in their transition to fatherhood and whether there is a role for Counselling Psychologists to assist in this transition. I will be asking up to ten Counselling Psychologists to complete open-ended questionnaires, taking approximately half an hour, about their experiences of working with new fathers, and their role in supporting in this transition. I will then be interviewing up to ten new fathers to find out about their experiences directly. These interviews will be audio recorded then transcribed and will last approximately one hour.

At the end of this research I would like to have a clearer idea about how fathers experience the transition to fatherhood, how they feel it affects their well-being and what role, if any, Counselling Psychology may have in providing psychological support during this time.

Participants have the right to withdraw from the research at any time and to withdraw their data, although data in an aggregate form may still be used and/or published. Participants will be able to withdraw via use of the ID number which will have been allocated when consent to participate is given. No reason need be given for withdrawing.

**Debrief information:**

Thank you for your time in taking part in this research study. I am aware that you may have thought and written about experiences which may have stirred difficult feelings for you. If you have comments or questions please contact the researcher on the email address or telephone number below.

Should you wish to discuss issues that arose for you during the course of the research in greater depth you may find the following sources of support useful:

The British Psychological Society, British Association for Counselling and Psychotherapy and United Kingdom Council for Psychotherapy have lists of therapists, the sites to search for which can be found at, respectively:

<http://www.bps.org.uk/bps/e-services/find-a-psychologist/directory.cfm>

<http://wam.bacp.co.uk/wam/SeekTherapist.exe?NEWSEARCH> or [http://www.psychotherapy.org.uk/find\\_a\\_therapist.html](http://www.psychotherapy.org.uk/find_a_therapist.html) . Alternatively, you can ring 0870 443 5252 or 020 7014 9955 if you don't have access to the internet.

Parent Line Plus can be contacted free for advice and support, 24 hours a day, on 0808 800 2222 or you can visit their website: <http://www.parentlineplus.org.uk/> where there is an extensive list of links to other organisations.

**Declaration:**

I confirm that the research was conducted in an ethical and professional manner and that I am happy for the research to proceed using my material.

Name of participant:

Signature:

Date:

Researcher name:

Signature:

Date:

**Researcher contact details:**

Jude Johnston,  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

johnstoj@roehampton.ac.uk  
Tel: 07932 791 801

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or you can also contact the Director of Studies).

**Director of Studies Contact Details:**

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**Dean of School Contact Details:**

Michael Barham  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave  
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0208 392 3617  
m.barham@roehampton.ac.uk

## Appendix 12 - Debrief form for fathers



Participant ID .....

### ETHICS BOARD

#### DEBRIEFING INFORMATION FOR FATHERS

**Title of Research Project:** The Counselling Psychology needs of new fathers.

**Brief Description of Research Project:**

This research will investigate the experiences of new fathers (in the first 5 years) in their transition to fatherhood and whether there is a role for Counselling Psychologists to assist in this transition. I will be asking up to ten Counselling Psychologists to complete open-ended questionnaires, taking approximately half an hour, about their experiences of working with new fathers, and their role in supporting in this transition. I will then be interviewing up to ten new fathers to find out about their experiences directly. These interviews will be audio recorded then transcribed and will last approximately one hour.

At the end of this research I would like to have a clearer idea about how fathers experience the transition to fatherhood, how they feel it affects their well-being and what role, if any, Counselling Psychology may have in providing psychological support during this time.

Participants have the right to withdraw from the research at any time and to withdraw their data, although data in an aggregate form may still be used and/or published. Participants will be able to withdraw via use of the ID number which will have been allocated when consent to participate is given. No reason need be given for withdrawing.

**Debrief:**

Thank you for your time in taking part in this research study. I am aware that we may have spoken about experiences which may have stirred difficult feelings for you.

I would now like to offer you some time to talk about anything that may have come up for you during the interview.

Is there anything that you would like to talk about that came up from this interview?

Do you feel that you have any further comments or questions before we end for today?

If you have comments or questions at a later time please contact the researcher on the email address or telephone number below.

Should you wish to discuss issues that arose for you during the course of the research in greater depth you may find the following sources of support useful:

Parent Line Plus can be contacted free for advice and support, 24 hours a day, on 0808 800 2222 or you can visit their website: <http://www.parentlineplus.org.uk/> where there is an extensive list of links to other organisations.

The British Psychological Society, British Association for Counselling and Psychotherapy and United Kingdom Council for Psychotherapy have lists of therapists, the sites to search for which can be found at, respectively:

<http://www.bps.org.uk/bps/e-services/find-a-psychologist/directory.cfm>



<http://wam.bacp.co.uk/wam/SeekTherapist.exe?NEWSEARCH> or [http://www.psychotherapy.org.uk/find\\_a\\_therapist.html](http://www.psychotherapy.org.uk/find_a_therapist.html) . Alternatively, you can ring 0870 443 5252 or 020 7014 9955 if you don't have access to the internet.

**Declaration:**

I confirm that the research was conducted in an ethical and professional manner and that I am happy for the research to proceed using my material. I understand that I have the right to withdraw my data at any time without needing to give a reason, although data in an aggregate form may still be used and/or published.

Name of participant:

Signature:

Date:

Researcher name:

Signature:

Date:

**Researcher contact details:**

Jude Johnston,  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

johnstoj@roehampton.ac.uk  
Tel: 07932 791 801

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or you can also contact the Director of Studies).

**Director of Studies Contact Details:**

Harbrinder Dhillon-Stevens  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave,  
London SW15 4JD

0208 392 3618  
Harbrinder.Dhillon-Stevens@roehampton.ac.uk

**Dean of School Contact Details:**

Michael Barham  
School of Human and Life Sciences  
Roehampton University  
Whitelands College, Holybourne Ave  
London SW15 4JD

0208 392 3617  
m.barham@roehampton.ac.uk

## Appendix 13 - Participant information

### Fathers:

Participant	Age	Marital status	Children	Job	Ethnicity
Adam	31	married	one son – 9 months	Lawyer	White British
Ben	40	living with partner	one son – 3 years, twins (boy and girl) – 14 weeks	Computer Programmer	White British
Charlie	29	married	2 sons – 2 years, 3 months and 7 weeks	Estate agent	White British
David	36	married	one son – 7 months	Management consultant	White British
Ed	39	married	one daughter – 7 weeks	Architect	White British
Fred	34	married	one daughter – 15 months	Management consultant	White British, Jewish
George	34	married	one son – 14 months	Engineer	White British (half English, half Italian)
Hari	30	married	one son – 8 ½ months	Physiotherapist	British Indian

**Counselling Psychologists:**

<b>Participant</b>	<b>Gender</b>	<b>Qualifications</b>	<b>Work role</b>	<b>Recruited via:</b>
<b>1</b>	Female	9 years post-qualification	Private practice and the NHS	Replied to recruitment email
<b>2</b>	Female (pregnant at time of completing questionnaire)	15 years post-qualification	Private practice – 60%  NHS – 40%	Replied to recruitment email
<b>3</b>	Female	6 years post-qualification	Private practice and the NHS	Replied to recruitment email
<b>4</b>	Female	15 years post-qualification	NHS, but previously private practice and voluntary sector	Replied to recruitment email
<b>5</b>	Female	Final year training	NHS and voluntary sector	Responded to poster at counselling service
<b>6</b>	Female	Awaiting viva to complete qualification	Private practice and the NHS	Responded to advertisement in the Division of Counselling Psychology email newsletter

## Appendix 14 – Paper trail of cross case analysis of interviews

### Super-ordinate themes for each participant

<b>A - Concerns for self vs concerns for X and the baby</b>
<b>A - Changing dynamics in relationship with X</b>
<b>A - Value of talking to others</b>
<b>A - Women as the holders/keepers of knowledge and focus of support</b>
<b>A - Psychological consequences – feelings and moods – mixed feelings and moods???</b>
<b>A - Difficulty associating self with needing help or support</b>
<b>A - You can't really understand or prepare for it until you experience it for yourself</b>

<b>B - Roles , responsibilities and perspectives</b>
<b>B - Concerns for X</b>
<b>B - Changing nature of relationships</b>
<b>B - Mental preparation</b>
<b>B - Support – professional versus informal</b>
<b>B - IVF</b>
<b>B - Pride and enjoyment in being a father</b>
<b>B - Reflecting on own parents and childhood</b>
<b>B - Losing a baby</b>
<b>B - Birth</b>

<b>C- Birth</b>
<b>C - Enjoyable and rewarding</b>
<b>C - Roles and responsibilities</b>
<b>C - Bonding</b>
<b>C- Changing perspectives</b>
<b>C - Thinking about own father</b>

<b>C - Women support each other, men don't</b>
<b>C - Knowledge</b>
<b>C - Focus of attention should be on mothers</b>
<b>C - Something for fathers</b>

<b>D - Role</b>
<b>D - Concerns for X</b>
<b>D - Recognising a need and asking for help</b>
<b>D - Emotional life</b>
<b>D - Fortunate situation</b>
<b>D - Questioning establishment/professional involvement</b>
<b>D - Valuing establishment/professional involvement</b>
<b>D - Support from family and friends</b>

<b>E – Preparation</b>
<b>E – Expectations and realities</b>
<b>E – Relationship with X</b>
<b>E – Professional support</b>
<b>E – Work a barrier to supporting fathers</b>
<b>E – Changes since fatherhood</b>
<b>E – Friends and family</b>

<b>F – Nothing can actually prepare you</b>
<b>F – Struggles to find work/life balance</b>
<b>F – Relationship with X</b>
<b>F – Family planning</b>
<b>F – Focus on mothers but consider fathers</b>

<b>F – Something for fathers</b>
<b>F – Family – a blessing and a curse</b>
<b>F – Social support</b>

<b>G – Men focus on physical rather than emotional experiences</b>
<b>G – Impact of work obligations</b>
<b>G – Men struggle to ask for help</b>
<b>G – Men’s psychological needs are forgotten</b>
<b>G – Social support and sharing of experiences</b>
<b>G – Psychological preparation</b>
<b>G – Midwife/Health Visitor involvement and engagement</b>

<b>H – Parenting education rather than emotional/psychological support (the practical impacts on the emotional)</b>
<b>H – Role, responsibilities, goals and ambitions</b>
<b>H – Uncertain and overwhelming time vs joy</b>
<b>H – Co-support</b>

## Developing master themes and subthemes

Master themes	Subthemes
Relationship with X	Concerns for X  Changing dynamics in relationship with X
Roles and responsibilities	Role  Responsibilities  Work/life balance  Changing perspectives
Preparation	Nothing can prepare you vs feeling prepared
Support	Supporting each other  Family, friends and NCT groups  Men are reluctant to talk about emotions or ask for help  Focus of attention and support should be on mothers, but don't forget fathers  Professional support for fathers
Joy and reward vs uncertainties and difficulties	Joy and reward  Uncertainties, difficulties and concerns

### Master theme - Relationship with X (later included in 'Joy and reward versus difficulties and concerns' master theme)

#### Concerns for X

concern for X's mental health	B27	X's been going through far more than that
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relationship with X	D8	not selfish in terms of how it impacts on Y but how it impacts on X
concern for X	D38	one thing I do worry about is X is very concerned to be seen to always do the right thing, puts pressure on herself. I had an anxiety that she would suffer from PND
concern for X	D40	worried about such a major life event having an impact on her
concern for X	D41	I suppose the only concern I've got is that maybe she tries to hide the symptoms, because she's so intent on being the perfect mum

#### Changing dynamics in relationship with X

Not appreciating the impact a baby would have on relationship with X	A14	You don't quite appreciate how much a small child can become the centre of someone's world
Had not anticipated feeling neglected when the baby arrived	A14	I never really thought...it can sort of make things difficult afterwards
The baby becomes the focus of the mother's world	A14	The children just become the centre of their lives
Feeling neglected	A21	They're all, like all, completely obsessed with the baby and obviously with the mother as well and you do kind of like, sometimes you feel like a bit of a bystander,
Feeling neglected	A14	The relationship between the two of you gets neglected a bit

Relationships change	B4	You're completely sidelined...you are not the most important person in the house anymore
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relationship	F25	yeah the first few months were very, very difficult in terms of our marriage, our relationship, we struggled a lot in terms of you know, erm, kind of not being civil, that's not the word, but you don't really say much to each other, because you're either dealing with the baby or you're too knackered so you might be zonked in front of the TV or something like that, and we certainly argued a lot more than we used to
conflict of approaches to parenting	F27	she'd done so much reading about what could possibly go wrong, was incredibly paranoid as I guess all new mothers are and I'm more of a laid back person...that would cause a big argument

## Master theme – roles and responsibilities

### Role

Questions about role/unclear what to do	A21	I think, I probably would have been you know, in a way, happier to be at work.
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thinking about role	B27	I've got a role now and that's for me to decide what it is
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role	C43	it's quite hard isn't it, 'cos I think it's because you don't know what you're meant to do, what I'm trying to get is, that the mum's role is defined, whereas the dad's role is undefined and I don't know how many choices you've got as a dad
role	C43	If you're breastfeeding you can't do anything but be a support, I can't think of anything else you're able to do. If you're not breastfeeding I suppose there's more that you can do

role	D18	I suppose I don't see myself as a dad, but I know, I've got a very clear picture in my mind of what a dad should be. So he should be there for Y, he should be providing, and it's
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		probably quite an old-fashioned sense that mum's mum and is in charge and I'll support, my job is to support, to make sure mum is ok and then Y will be fine
role anxiety	D18	I don't want to let anybody down, because I don't want X in particular, or my parents, or her parents to think that I'm not doing, I'm not pulling my weight, so there's probably an anxiety about that.

role	H5	my paternal instincts do help with wanting to raise him, it's more in a guidance, you know, I guess playful capacity,
role	H5	so I see myself as the provider, in that kind of role, afterwards, in the early stages, because I think in the first, like 2 years or so it's definitely the mother who should be more there
support role	H59	I think it [paternity leave] was just time to be there with my wife as a family unit, for the emotional support she needed in those early weeks...it was good for her to have me there
ambitions/goals	H45	it's about being the role model he needs, so he grows up and follow that idea...what I want for my son is that he can model himself on me, I don't want him to have somebody he looks at and feels let down by, I don't want to let him down.

### Responsibilities

Changed responsibilities and priorities as a father	A15	Different priorities, it's a sort of a sense of responsibility
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fatherhood hasn't changed him	B27	I didn't sort of suddenly feel, suddenly think of myself, as I am a father now and I am, you know, responsible and I must do this...
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responsibilities	C7	you can't be as silly, daft, erm, gamble, err spontaneous, err yeah you get pretty boring
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responsibility	H43	you need to be able to make sure you're taking care of yourself, because if I'm not taking care of myself I guess he'd be in the situation I was in with my dad, where his health deteriorated and he wasn't able to enjoy the time with us growing up
responsibility	H43	I should be physically fit, I should be physically able, I should be mentally able to spend time with him, you know and if I'm not doing that, then I'm not keeping his best interests and my best interests at heart,

### Changing perspectives and priorities

A new way of looking at the world	A16	It's just a different way you look at everything
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fatherhood changes perspective	B25	it's just a great big cliché, that big change in your life, it is, it is a complete reorganisation of things, erm, kind of your priorities change a bit, but most of it is about perspective I suppose
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perspective	C6	I suppose your perspective on everything just changes
changes	C7	it just changes. I think it makes you grow up, you have to grow up

changes	E23	I'm far more relaxed and it's [work] not the focus of everything whereas it was before
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change of perspective	F22	Definitely shifts it, yeah, erm, I find a lot more now, I mean, I do enjoy my work, but I find a lot more is a means to an end, rather than this is kind of the main focus of my day and my life.
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changed behaviour	H41	I drive safer, because I've got somebody else, that's dependent on me now, so I've reduced the risk of something happening to me
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### Work/life balance

A new focus on home and family	A16	Much more, keen to like, get home, spend time at home, you know, spend time with our baby,
This feels like a precious time, fear of missing things	A16	You need to seize the moment, not miss too, I don't want to miss too much

perspective	C9	take a step back a bit more, particularly in my work and things like that, I'm not as, err, work isn't the be all and end all which it was previously
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role expectation	D24	Now I would never, for a second believe that I would do anything other than a five day week...it never occurred to me that I would go down to a 4 day week...and the only reason stopping me is because dads do the work, 5 days a week, come home at weekends, give up your time then
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flexible work	E41	I've been really lucky in running or having a share in a business and being able to work at home...being flexible enough to erm, spend that extra hour sorting stuff out in the morning
work	E41	I just think, God, if I had to go to work at 6.30 every morning and get back at 8 o'clock knackered, it would be very different

reality	F19	having been here 24 hours a day going through it all, was a
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		long time to leave them like that and I missed them greatly, didn't realise that I would, so that was a shock as well I guess.
work/life balance	F20	so I've found that more difficult now, definitely. And err, to the extent that I was thinking about changing job anyway, so, erm, I may look for something, which wouldn't be quite as demanding all the time.
change of perspective	F22	Definitely shifts it, yeah, erm, I find a lot more now, I mean, I do enjoy my work, but I find a lot more is a means to an end, rather than this is kind of the main focus of my day and my life.

work obligations	G35	it could be quite stressful as a dad being under pressure to go back to work and leave your wife and new baby at home. And then it might be more stressful because you're leaving your wife, wondering how she's going to feel about me leaving her. Because you've got no other choice, otherwise you'd take it off unpaid and unless you can afford to do that, that could be quite stressful, so I think there should be, possibly more support or more opportunity for some paid leave for fathers.
work obligations	G38	Most of, I think, the stress with being a parent, I think comes with your obligations to work and your need to work.
work	G64	the work thing as well I think is well known, well documented that men don't get the opportunity to help when they might really want to. And that, that might be frustrating for a lot of men, because they feel they should help.

working for his family's future	H6	I guess I push myself to not to be in that position, in some respects, I guess you could say, so I'm trying to work hard and now developing a business, you know, so that me, my wife, children, can have a better future,
ambitions/goals	H14	I'm not getting a lot of time with my son at the moment but that's because I've got goals for the future and if I put in the hours now when he's younger and he's less likely to need me

## Master theme – Preparation

### Nothing can prepare you vs feeling prepared

Taken by surprise by, unexpectedness of feelings	A9	People saying you'll have these feelings, but it's another thing actually experiencing it
You can't understand it until you experience it yourself	A4	People say it's going to be hard, I know, I know, but until you actually experience it, err, you don't really know
Unless you experience it you can't know what it's like	A8	There's nothing that can prepare you for what you feel
Nothing quite prepares you for birth	A11	I wasn't really prepared for, it's quite traumatic seeing your partner, your wife, go through that
Not feeling prepared for the reality	A21	I had these visions of paternity leave being this really nice time, but actually...
Thirst for knowledge and information	A26	I was always quite thirsty for sort of knowledge

men	C36	there was a dad there, who'd just had a baby and I said to the
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		dad, what's it like having a baby, and he told me what it was like for him. That was good.
preparation	C32	a dad doesn't know what to expect

preparation	F1	I think I was in a quite fortunate position that I'd seen how they had coped with things and the sorts of problems they had and so I kind of felt beforehand that I might be better prepared than others, that wasn't the case though
reality	F1	nothing does actually prepare you for it
expectations and reality	F1	I felt I knew what they meant but you don't really until it actually happens
preparation	F1	Everyone kind of warns you about what's going to happen and I thought I knew it all from seeing close friends with kids, but I was wrong.

preparation	E36	it's just getting, you know, more knowledge and being able to, obviously it's just a lot easier to deal with things when you know more about it. And I think if I hadn't gone to them I think, I think we would have both struggled a bit, potentially
preparation	E26	the NCT class was extremely good, not just from, from an emotional, not just from a practical side, the practical side was probably, probably about half, less than half of it I suppose, but just kind of understanding, well I suppose understanding the process and just understanding, you know, the emotional states people can go through

mentally prepared	G1	I think, I was mentally prepared for it, because it was something we'd been looking forward to and we'd planned to do
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## Master theme – support

### Supporting each other

Talking with X	B7	I didn't want to talk to other people about it, because I knew I could talk to X about it
supporting each other	B43	me and X have always talked about things...and I think that's what got us through

asking for help	E45	I think it would be something we'd both be trying to get help together, I don't think either of us would think that it's something we'd have to try and get help ourselves
support	E46	we would both sit there and think God, this is not working, this is really difficult
relationship	E14	X's kind of whole attitude has been fantastic, it's just made it so much easier I think, and maybe she'd say the same I suppose, I don't know. I hope we kind of reinforce each other
communication	E14	we talk an awful lot about things, all the time...and I think

communication	E19	that's been a really good, been a real help, for both of us pockets of stressful things, but I think because we do communicate a lot, I think we've sort of managed to minimise it really and deal with it better
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co-support	H16	I think we do have a very good line of communication, and I think that ties in well with the support, that is part of the support you could say.
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### Family, friends and NCT groups

Family and friends have been supportive	A18	They're always there....I've not been short of support
Got a lot out of sharing with other guys	A29	It's specific, it gets men talking about things which affect them and I think it's easier to confide in each other

women and support	C15	X has kept in touch with all 7 of the girls, they still see each other twice a week, it's amazing absolutely phenomenal. And they all support each other.
men	C15	there's probably 1 bloke who I'd go with a beer with ever, and I would never, ever call him up to go for a beer because I don't know him very well, but he was my kind of person
men and support	C16	probably no support from there really [NCT group fathers]

support	D29	best ones are family and friends
support from NCT group	D29	so there's an actual support group for X there, the guys we've been out a couple of times for a few beers as well

NCT – preparation	E4	I thought it was really useful. It was really useful to kind of meet other fathers....it's sort of good to talk to people in a similar situation
support from friends	E26	friends definitely. I've had some really good chats with friends

social support	F14	with NCT I think the biggest help to us, I think, certainly to our group was the fact that it was just a way to meet other people in the area who were going through the same thing
social support	F25	again that was something where the group we met through NCT, X would meet up with the other mothers every now and again and they would say similar things, they were all arguing like hell, and struggling a bit
family – a blessing and a curse	F33	having family support is both a blessing and a curse, I know there's lots of people out there who don't have a family to help out so I try not to complain about it too much, because they are great, you know they babysit and the do look after her when needed

sharing experiences	G25	my sister had already had a baby...so all of her experiences I was very aware of what, what was about to happen
NCT – social support	G17	I mean the NCT classes for us, because we're not from [town] it was a chance to meet other people in the same situation and gives us that support network outside, because our family don't live nearby either, it's an hour and a half to either of our parents, so in terms of support there was only really us 2, so it was good to meet these other couples, and we've stayed in touch with all of them, so it has been useful.
NCT – social support	G24	once the ice is broken then it's quite easy to talk about it and you often drift often into other conversations... and you start to learn about each couple's different situation and how they're going to handle that and how they're going to have this little person thrown into the equation so
sharing experiences	G24	you just start to learn about other people's experiences and how maybe it's going to affect their lives.

family support	H18	her mum instinctively knows what she wants and she can pre-empt what my wife needs sometimes, things that I wouldn't even have a clue about, so when she comes round it's like my wife gets a break, and I'm really pleased and glad that she can have that
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### Men are reluctant to talk about emotions or ask for help

Men don't talk about feelings	A25	Men generally, tend, to be probably a bit less open; don't talk about their feelings and stuff
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men and emotions	B48	a very blokey thing not to talk about emotions
men and emotions	B49	it was realising there's something to be gained from talking about these things
men	C32	I just think, the kind of whole manliness thing about it all, they'd just think, oh, I don't need to go there. There would be the odd person that would go there but I just don't think it would get used.

asking for help	D41	because of my background, erm, all boys school, emotion is weakness, going for advice is weakness, is, if I thought I was suffering how readily would I pick up the phone and would I know where to go
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asking for help	E42	I'm not very good at asking for help I suppose, and I think I would find it difficult to ask friends necessarily for help, erm, so I don't know who I would ask
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something for fathers	F53	I suppose I think there should be something but I don't know if I'd use it! But I think that's, to completely generalise, a male
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		thing. We're not particularly good at going to doctors or, or anyone for help really, myself included and I think, I think things would have to be quite, quite bad for, certainly for me and I guess most men to actually seek that out. But I think it would be useful because I think at the moment I wouldn't know where to go if I was in that situation.
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emotional experience is private	G58	It's usually it's really tiring and I haven't had time to do any of the things around the house, or whatever, it's not that I'm mentally drained and when the baby cries I don't know what to do, I just want to get out of the house. I've never, they don't talk about that side of things. But I'm sure they experience it.
physical over emotional	G60	they don't talk about the emotion of that, talk about the physicality of doing that
physical over emotional	G74	Getting men to open up is difficult, and as you say emotionally you don't get much feedback from men, it's more physical, I'm tired.
asking for help	G67	because men tend not to talk about these things, might be a brush tarring all men, but I really think that is the case, on the whole. So I don't know whether they would go to their GP say I'm really finding this, I feel quite depressed about this, I feel down, I don't feel very happy, all of those sorts of things. I just don't know whether they would.

practical over emotional support	H48	I think that education probably from that point of view would be a lot more beneficial to the male psyche in terms of saying oh you have emotions, you need to cry about it kind of thing, you know, because they'll probably close down further
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### Focus of attention and support should be the mother, but don't forget fathers

professional support	B49	it was almost as if I wasn't there at all....the automatic assumption that I was not really involved in this
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focus should be on mothers	C23	I think the focus [of midwife and HV attention] needs to be on the mum and the baby
support	C32	I suppose it'd be good if there was a kind of an arena for dads to kind of feedback their experiences to somebody, I don't know who that would be

not considered	F39	you do feel a lot of the time like a bit of an appendage...it's always the mother who is addressed and spoken to and you just happen to be there... it's all geared towards the mother and she's going though, which again you can understand, they are the key... if I hadn't spoken up and asked questions I wouldn't have been addressed at all.
not considered	F40	I suppose not considered more than ignored

focus on mothers but consider fathers	F46	I suppose the most important people are obviously the baby and the mother who've both been through this traumatic experience, and I suppose, yeah, but it would have been, been nice to be considered
focus on mothers but consider fathers	F48	It's not, forget the mother...it's some acknowledgement of your existence

fathers forgotten	G54	it always mentions the partner, male partner, keeping an eye on the wife or female partner, just in case of PND...but no one really mentions keep an eye on your husband, make sure he's not gonna be stupid
fathers forgotten	G54	So whether that could be fitted in, look after each other more, it was very much focussed on the mums, PND in mothers. I don't know if PND in men is something, is there, or is acknowledged.
fathers involved in birth, then forgotten	G64	there's a lot more involvement than there ever was, but in terms of help for fathers afterwards, not so much. It's, now they've got them involved up front, but once they've done that up front bit, and the baby arrives and you've helped out a bit, kept an eye on your wife, that's kind of it and dads go back to work generally, that's it.
psychological preparation	G80	I don't think it was mentioned once that there was a known effect on the fathers, all they said was it's going to be a complete change to your lifestyle, it is going to be difficult, you're going to feel tired, might be frustrated, not know who to turn to, so they sort of prepared you that you might feel this way, but there was nothing, if you do, you could go and see so and so, it was well you could feel like that
fathers forgotten	G80	but nothing, it was never mentioned, oh by the way if your husband is always wanting to get out of the house and doesn't want to hold the baby then get them to see the GP and maybe speak about why.
focus on mother	G33	I think first and foremost I think, the mum's the most important because it's direct impact and the bonding with the mother that's absolutely key.

maternity services	H24	the onus was all on my wife, but I was happy with that, because it should be on her.
maternity services	H25	this is her time, it's her moment
focus on X	H26	my wife's needs were more important than mine.

### Professional support for fathers

Others might need help but I didn't	A20	<p>I can see how people might need it, you know, definitely, err, particularly, you know, if something happened to your child, or your child wasn't, had some sort of health problem...</p> <p>It'd be good if maybe a little more was available, came for men, err, because I could see how you could potentially need a bit of help.</p>
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thinking about father's group	B30	now I kind of regret it [not going]
using professional support	B49	it was nice that they were there...if I wanted to, or I was worried, there was this thing down the road

importance of professional involvement	D53	I liked that there was a check in place
professional role for psychology	D62	I don't know what problems I'm going to come up against...having a psychologist help you understand the possible issues coming forward and to watch out for them would be very beneficial
professional involvement	D62	if I knew the kinds of things to watch out for that might help me watch out for them a little bit more, and I do think that fore warned is fore armed
need for psychological input	D63	I think it might be useful for a bit more focus to be put on the mental, and I'm probably giving you exactly what you want to hear, but a bit more focus on that mental well being, because I think as a society we do avoid that, we like the practical elements

professional postnatal support	E26	I think it would be useful to have a sort of post-natal class as well, erm, that would I I think that would be a good idea
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something for fathers	F40	I don't, I suppose I don't really know, I suppose it would have been useful in terms of the leaflets and stuff to have something maybe for fathers
something for fathers	F55	if it was something that everybody did, it was a standard part of the process that after x weeks the father goes and sees whoever, then I think that might be useful...someone there for a when things get very bad could be useful too
a session for fathers	F56	I think if they built into that, at six weeks the father goes to this session, that might work, but I think it might be useful.
something for fathers	F63	imposing something definitely wouldn't work, people just wouldn't go, but as I say I think if it was a natural part of the process, like at 6 weeks this is what the men do, then it becomes more normal. Men don't like to do things which aren't normal, to be seen to be seeking some kind of help. And so this way you could be getting the help if you needed, but you wouldn't be poking your head above the parapet.

support for fathers	G35	I think support for fathers should begin more by business, probably or by the government in helping companies enable fathers to take more time off.
support	G74	I think support networks for dad would be good if they were available, erm, but the main would have to be at the weekends because I don't think you'd get many men turning up during the week.

practical over emotional support	H47	like, supernanny training, you know, something like that...if they taught something like that in schools or they had adult classes or something like that, I think that would be a lot better than seeing a psychologist, education on how to manage a family
practical advice	H50	practical advice I think is probably better than emotional support because I think the emotional side of things, well, I can probably only talk from my point of view, other men might need that emotional support more than I do. Emotionally I feel I'm quite well grounded
practical impacts emotional	H53	if you feel like you can't do something, or you're not doing it well, you're going to get flustered yourself and that's going to make you more stressed, make your tension go up and if you can reduce that frustration, through, you know, focused education on the practical side of kind of parenting, you know, even for infants up to 5, 6, year olds, I think that's something that would be a lot more beneficial to men in the early stages of fatherhood.
parenting education	H55	it would be nice for the local hospital, or the government, to introduce a scheme where parents or new parents can go to learn parenting skills.

## Master theme – Joy and reward vs uncertainties and difficulties

### Joy and reward

Positive feelings and emotions – joy and contentment	A15	Obviously a source of great joy and contentment
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emotions about Y	B18	I felt really sort of protective towards him and proud, that sort of thing, excited
enjoying time spent with Y	B24	and I really like that, we have a lot of fun
pride	B51	It's been a real joy

enjoyable and rewarding	C3	it's just been, you know, hugely enjoyable and hugely rewarding
enjoyable and rewarding	C55	it's dead good [being a dad]

fantastic experience	E1	it's been fantastic, absolutely fantastic, yeah. Amazing really. There's nothing, there's nothing that, erm, has kind of been a problem, or erm, been an issue really. It's been a really positive experience
positive experience	E23	I don't think I've, I don't think I've ever been happier

besotted	F19	I would say on the day she was born, I think, a very strong feeling from both of us, besotted with her from the moment she was born
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positive experience	G1	so when Y came along, it was, it still is the best thing
positive experience	G4	it's brilliant, it's brilliant. I've done everything else

joy	H42	just being able to see him smile, it just makes me happy, being, that will set me off for the day
joy	H43	joy, that's the word, he brings a lot of joy

### Uncertainties, difficulties and concerns

The reality is very tough and stressful	A21	It was quite a tough period actually
Childish feelings vs being an adult	A21	It sounds kind of childish....it was difficult, tiring and boring

bonding	C4	I don't think I've got as much of a close immediate bond and connection with Z...I'm sure that'll all change but I think probably what I've experienced with Z is more the norm compared with what I did experience with Y
bonding	C30	because I haven't bonded as well with Z as I did with Y..because I've not had the opportunity to, and also I feel, felt quite drained from the whole process

attachment to Y	D9	I don't necessarily feel as attached to Y as I'd anticipated...so I'll have gone 48 hours without seeing him and I don't have any feelings of anxiety about that, whereas I know X would be distraught...so I'm surprised by that.
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adjustment	F25	I think I found the adjustment far more difficult and I think part of that was because X was here all day with Y and got to spend a lot of time with her and got to know her obviously a lot quicker and a lot better than I did, part of that might have been a bit of jealousy, that you know that was obviously something that I wanted to do
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uncertain and overwhelming	H31	it is a very uncertain time isn't it...It is very overwhelming... I still feel like I'm lacking that structure, I don't really know what my son really does in terms of feeding, how much.
overwhelming	H35	It can get overwhelming sometimes. And I think it can be overwhelming when I'm expected to do something but I'm not quite sure what that's supposed to be

### Birth

Nothing quite prepares you for birth	A11	I wasn't really prepared for, it's quite traumatic seeing your partner, your wife, go through that
Not feeling prepared for the traumatic nature of birth	A11	This is something people talk about in advance but nothing quite prepares you for it
Assumptions that all would go well vs	A12	It only really hits home at that moment, that my gosh, I hope

realisation of possible realities		everything goes alright here
Not taken into account possibility of things going wrong	A12	I'd sort of taken it as a given that the baby would be fine, it would be happy and healthy and my wife would be fine

Fears around the birth	B10	I actually fainted before anything had happened, because I was so convinced something would go wrong
Fears for X's survival	B10	I had dreams about X not surviving the birth, for months beforehand
Birth as a focus for fears and anxieties	B11	I just really, clearly I was really, really worried about the whole thing
Wondering about role during birth	B11	It's very difficult to walk the line of, you can't be in charge, you don't want to be sort of stuck in the corner doing stuff
Mixed feelings about being present at the birth	B11	There's a bit of cultural pressure to be there now, which, you know, I definitely wanted to be but, I can see why people avoided it completely before because it was just so much easier

birth	C2	not traumatic, but it was quite long, quite draining
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birth	E39	such an easy birth that Y was more relaxed as well and that's maybe easier
birth	E39	certainly worth having it at home, it was brilliant
birth	E40	it was really relaxed

let X down	F19	I felt I'd kind of let her down a bit that I couldn't be there to help. Obviously I didn't have any choice, they wouldn't let me stay there but that was really difficult.
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involved at birth	G30	I didn't sit at the back, I was always there, they were chatting to both of us, it wasn't like I was a peripheral, just come and hold her hand or anything like this, it was just there I am, I'm the dad, chat, chat, chat
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support role	H1	more of a supportive capacity, reassurance, lots of you know, encouragement
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**Final master themes and subthemes**

<b>Master themes</b>	<b>Subthemes</b>	<b>Participants</b>
Preparation	Nothing can prepare you Feeling prepared	Adam, Charlie, Fred David, Ed, George
Roles, responsibilities, perspectives and priorities	Role Changing perspectives and priorities	Ben, Charlie, David, Hari Adam, Ben, Charlie, David, Ed, Fred, Hari
Joy and reward versus difficulties and concerns	Joy and reward Difficulties and concerns	Adam, Ben, Charlie, David, Ed, Fred, George, Hari Adam, Ben, Charlie, David, Ed, Fred, Hari
Support	Supporting each other Family, friends and NCT groups Men are reluctant to talk about emotions or ask for help Focus of attention and support should be on mothers, but don't forget fathers Professional support for fathers	Ben, Ed, Hari Adam, Charlie, David, Ed, Fred, George, Hari Adam, Ben, Charlie, David, Ed, Fred, George Ben, Charlie, Fred, George, Hari Adam, Ben, Charlie, David, Fred, George, Hari

## **Appendix 15 - Sample participant validity letter: participant G**

Dear G

### **Doctoral research looking at the counselling psychology needs of new fathers**

Thank you again for taking part in my research. When we met in March I said that I would be in touch soon to give you a copy of the interview transcript and an outline of my thoughts on our interview. I'm sorry it has taken so long to get back in touch with you, but the work has taken rather longer than I envisaged!

1. I would be very grateful, if you have time, if you could have a look at the interview transcript and the outline of my analysis, and let me know whether you agree with my thoughts, and/or whether you have anything further you would like to add. I appreciate that quite some time has passed since the interview and that life might have changed considerably, so I would be grateful if you could think about how you felt at that time, rather than how you are feeling in the present.
2. I would also like to confirm, as discussed, that whilst I will use verbatim extracts from the interview in my thesis, these will all be anonymous and no identifying features will be included. I do need to include one transcript in the Appendices, as an example – would you consent to me using yours? Please feel free to say no if you would rather I did not.
3. I have one final request! I gave you the code letter G. Rather than refer to you as G in my thesis, do you have a preference of a man's name beginning with G that I can use as a pseudonym? If not I will think of one.

I hope that you and your family are well and have enjoyed the summer.

I look forward to hearing from you, with very best wishes

Jude

In the interview transcript X refers to your wife; Y to your son; (?) to a word that I could not hear clearly in the recording.

Below is a summary of the main themes that I drew from our interview. I have included some extracts from the interview to illustrate how I came to these themes:

- Men focus on physical rather than emotional experiences and struggle to ask for help – this theme was developed from your comments on the way that men tend not to talk about the emotional experience of becoming a father, but tend to focus on the physical aspect, for example feeling tired. It also considers your thoughts on the way that men often find it difficult to admit to feeling down and to ask for help.

*'It's usually it's really tiring and I haven't had time to do any of the things around the house, or whatever, it's not that I'm mentally drained and when the baby cries I don't know what to do, I just want to get out of the house. I've never, they don't talk about that side of things. But I'm sure they experience it.'* (G58)

*'they don't talk about the emotion of that, talk about the physicality of doing that'* (G60)

*'because men tend not to talk about these things, might be a brush tarring all men, but I really think that is the case, on the whole. So I don't know whether they would go to their GP say I'm really finding this, I feel quite depressed about this, I feel down, I don't feel very happy, all of those sorts of things. I just don't know whether they would.'* (G67)

- Impact of work obligations – this theme reflected your thoughts on the way that men's work obligations and the demands of work impact on how men manage after the birth of a baby and how they can help to support their partner and children. You thought that government and businesses should make it easier for men to take time to be with their family. You said that your work offers some flexibility but that for many men it can be a real struggle and very frustrating having to balance their working and home lives.

*'it could be quite stressful as a dad being under pressure to go back to work and leave your wife and new baby at home. And then it might be more stressful because you're leaving your wife, wondering how she's going to feel about me leaving her. Because you've got no other choice, otherwise you'd take it off unpaid and unless you can afford to do that, that could be quite stressful, so I think there should be, possibly more support or more opportunity for some paid leave for fathers.'* (G35)

*'Most of, I think, the stress with being a parent, I think comes with your obligations to work and your need to work.'* (G38)

- Men's psychological needs are forgotten – this theme considered your ideas about how although men are now much more involved in their children's birth's and lives than they have historically been, their psychological needs are often forgotten, and could be considered more by health professionals.

*'it always mentions the partner, male partner, keeping an eye on the wife or female partner, just in case of PND and they mention that, keep an eye because it can be very tough, and it's a real thing and it's bad ... but no one really mentions keep an eye on your husband, make sure he's not gonna be stupid, he's not going to drive half way up the country when he's had no sleep. Nobody really*

*mentions that. So whether that could be fitted in, look after each other more, it was very much focussed on the mums'(G54)*

*'there's a lot more involvement than there ever was, but in terms of help for fathers afterwards, not so much. It's, now they've got them involved up front, but once they've done that up front bit, and the baby arrives and you've helped out a bit, kept an eye on your wife, that's kind of it and dads go back to work generally, that's it.'* (G64)

*'I don't think it was mentioned once that there was a known effect on the fathers, all they said was it's going to be a complete change to your lifestyle, it is going to be difficult, you're going to feel tired, might be frustrated, not know who to turn to, so they sort of prepared you that you might feel this way, but there was nothing, if you do, you could go and see so and so, it was well you could feel like that, oh by the way keep an eye on your wife because PND is a real thing and you know if they suddenly if you think that they're not bonding with the child so well, you know, then you know get, suggest that they go to see the GP and go along with them, but nothing, it was never mentioned, oh by the way if your husband is always wanting to get out of the house and doesn't want to hold the baby then get them to see the GP and maybe speak about why.'* (G80)



## **Appendix 16 - Sample participant validity letter: participant H**

Dear H

### **Doctoral research looking at the counselling psychology needs of new fathers**

Thank you again for taking part in my research. When we met in April I said that I would be in touch soon to give you a copy of the interview transcript and an outline of my thoughts on our interview. I'm sorry it has taken so long to get back in touch with you, but the work has taken rather longer than I envisaged!

4. I would be very grateful, if you have time, if you could have a look at the interview transcript and the outline of my analysis, and let me know whether you agree with my thoughts, and/or whether you have anything further you would like to add. I appreciate that quite some time has passed since the interview and that life might have changed considerably, so I would be grateful if you could think about how you felt at that time, rather than how you are feeling in the present.
5. I would also like to confirm, as discussed, that whilst I will use verbatim extracts from the interview in my thesis, these will all be anonymous and no identifying features will be included. I do need to include one transcript in the Appendices, as an example – would you consent to me using yours? Please feel free to say no if you would rather I did not.
6. I have one final request! I gave you the code letter H. Rather than refer to you as H in my thesis, do you have a preference of a man's name beginning with H (other than your own!) that I can use as a pseudonym? If not I will think of one.

I hope that you and your family are well and have enjoyed the summer.

I look forward to hearing from you, with very best wishes

Jude

In the interview transcript X refers to your wife; Y to your son; (?) to a word that I could not hear clearly in the recording.

Below is a summary of the main themes that I drew from our interview. I have included some extracts from the interview to illustrate how I came to these themes:

- Role, responsibilities, goals and ambitions – this theme reflects your thoughts on your role and your responsibilities as a father. You spoke very clearly about your role as a provider, particularly in your son's early years and as you develop your business. You talked about the need to put in long hours now, so that your business can grow and you can provide your family with the kind of life you want for them. This tied in with your goals and ambitions and your desire to be a strong role model for your son, and as part of this your responsibility to stay fit and healthy. You talked about your own father and the influence of his experiences on your motivations.

*'just there to be a supportive role really. I didn't really see myself as the one who needed anything, you know, my role in that time, was to be supportive' (H1)*

*'so I see myself as the provider, in that kind of role, afterwards, in the early stages, because I think in the first, like 2 years or so it's definitely the mother who should be more there' (H5)*

*'I'm not getting a lot of time with my son at the moment but that's because I've got goals for the future and if I put in the hours now when he's younger and he's less likely to need me' (H14)*

*'because if I'm not taking care of myself I guess he'd be in the situation I was in with my dad, where his health deteriorated and he wasn't able to enjoy the time with us growing up, so from that respect you're probably, something that makes me feel I should be physically fit, I should be physically able, I should be mentally able to spend time with him, you know and if I'm not doing that, then I'm not keeping his best interests and my best interests at heart, you know' (H43)*

*'it's about being the role model he needs, so he grows up and follow that idea...what I want for my son is that he can model himself on me, I don't want him to have somebody he looks at and feels let down by, I don't want to let him down.' (H45)*

- Parenting education rather than emotional/psychological support (the practical impacts on the emotional) – this theme was developed from your beliefs about the way that as family structure has changed, with more women going out to work, practical parenting education is needed to help people manage their families. You talked about how practical concerns, such as children's behaviour can impact on the emotional experience, but you strongly thought that by addressing the practical issues families would be helped to manage better.

*'like, supernanny training, you know, something like that...if they taught something like that in schools or they had adult classes or something like that, I think that would be a lot better than seeing a psychologist, education on how to manage a family' (H47)*

*'Because if the children are calmer, more well behaved, then emotionally that's a lot less draining, physically that's a lot less draining, then support, family unity would be a lot stronger ...I think that education probably from that point of view would be a lot more beneficial to the male psyche in terms of saying oh you have emotions, you need to cry about it kind of thing, you know, because they'll probably close down further, I guess' (H48)*

*'practical advice I think is probably better than emotional support because I think the emotional side of things, well, I can probably only talk from my point of view, other men might need that emotional support more than I do. Emotionally I feel I'm quite well grounded' (H50)*

- A joyful yet also uncertain and sometimes overwhelming time - this theme reflected your thoughts that your son brings you great joy and happiness but that having a new baby can be a very uncertain and sometimes overwhelming experience, and that balancing these two different experiences can be difficult.

*'it is a very uncertain time isn't it...It is very overwhelming....' (H31)*

*'just being able to see him smile, it just makes me happy, being, that will set me off for the day' (H42)*

*'joy, that's the word, he brings a lot of joy' (H43)*

## **Appendix 17 – Response to the Viva Voce Examination**

Word count: 6977 (excluding references)

This article is written in response to my viva voce exam for the Doctorate in Counselling Psychology (PsychD). It was apparent during the viva that the extent of my interpretation in the results section was weak. This piece is therefore an attempt to rectify this by re-writing one of the Master themes, including a thorough and reflexive analysis, interpretation of the sub-themes and an account of my own position within and impact upon the process. I chose to look at the final Master-theme, Support, as this seems most closely linked to the practice of counselling psychology. I focussed on three sub-themes from the original analysis: Men are reluctant to talk about emotions or ask for help; Focus of attention and support should be on mothers, but don't forget fathers; and Professional support for fathers. A discussion section brings the reader back to the level of theoretical analysis raised in Chapter 3.

## **Master-theme: Support**

This master-theme concerns new fathers' thoughts about the professional support they received; the support they would have found valuable; whether, or not, that involved a general psychological or more specifically counselling psychology aspect to it; and their thoughts about what might prevent men asking for, or receiving, support in their transition to fatherhood. There is not the space here for a critical discussion of the term 'professional' with all its theoretical and political connotations and I use 'professional' in a broadly descriptive sense meaning the general maternity and parenting services, including those provided by the NHS and local authorities, such as Children's Centres. 'Support' is defined as giving assistance, encouragement, approval, or taking an active interest (OED, 1998) and it is clear that there is a wide range of possible interpretations in the fathers' responses. During interviews I purposefully used the term 'support' broadly, to allow participants to explore their own understanding and experiences.

Running through the theme are the fathers' beliefs that men are generally reluctant to talk about how they feel and to engage with support. However, there is an inherent contradiction in that these men had volunteered to talk to me, a stranger, and a trainee psychologist, about their experiences. Although I can speculate on their motivations for participating, both conscious and unconscious, I am wary of making a claim to know as I did not ask; but there is an interesting question about what may have prompted them to volunteer.

### **Subtheme 1 - NCT antenatal classes: 'It's good to talk to people in a similar situation'**

Seven of the eight fathers interviewed talked about attending antenatal classes, and six of these spoke about NCT classes. The NCT's aim is to help in the transition to parenthood by offering relevant information, reassurance and mutual support. Although the fathers who attended these classes spoke about their wife having instigated their attendance, as it is an example of engagement with a support service that the fathers brought up spontaneously in interviews, it seems an important focus of this analysis.

Ed was one of the oldest fathers, and the newest. His daughter was 7 weeks old when I interviewed him and he had contacted me before she was born, after being given the research publicity by a colleague. He described himself as the happiest he had ever been and reflected a lot during the interview on how his experience might be different to friends of a similar age who had become fathers 10 years ago:

**Ed:** [O]ver the last few years, those kind of things have become more, I won't say acceptable, but I, maybe I would have possibly thought twice about doing it 10 years ago, erm... friends of mine who had kids 10 years ago have had a very different outlook and I think have struggled more actually. I don't know whether that's just age, it might be an age thing, but they have struggled I think.

**Researcher:** Perhaps the openness nowadays, to be able to say I went to the NCT group,

**Ed:** Yeah

**Researcher:** Enjoyed it.

**Ed:** Yeah, exactly.

**Researcher:** It makes things easier to be able to say that?

**Ed:** Yeah and I just think you learn a lot of very valuable things, and doing that with your partner and being able to... talk about it and have a laugh about things, it's just getting, you know, more knowledge and being able to, obviously it's just a lot easier to deal with things

when you know more about it. And I think if I hadn't gone to them I think, I think we would have both struggled a bit, potentially.

**Researcher:** There's a sense that it opens up some communication that you both know, the same sorts of thing, gives you an opportunity to talk about them.

**Ed:** Yeah, yeah.

Ed described how the security, both practical and emotional, he felt he got from his marriage, from being older than his friends when he became a father and from his work, allowed him to feel very open about the process of learning and sharing, communicating with his wife. This extract also shows how important he felt it was that he attended the classes and he suggests that learning about pregnancy, birth and parenthood with his partner meant that it was something they shared – she did not become the holder of the information, as some of the fathers suggested had happened; and it meant that they could support each other, and avoid some of the potential struggles. This view reflects findings such as Morse, Buist and Durkin (2000) and Chalmers and Meyer (1996) showing that emotional support from the partner is particularly important to new parents. It is also a reminder of the importance of considering the couple relationship when thinking about this transition, the impact on the couple as well as the individual, and the impact of the relationship on how well both parents negotiate adjustments to parenthood (e.g. Lamb, 2010).

Ed was very clear that he and his wife had actively looked for support because they wanted to do everything they could, and that he had found the NCT classes supportive. However, he also questioned whether he was the most in need of this kind of support:

**Researcher:** Erm, I wonder then if you can see what role there might be for some form of psychological support for new fathers, whether you can see how it might fit in...

**Ed:** No I think it would fit in, but funnily enough I just found interesting that all the people who went to our NCT class, they're all sort of people like us that were looking to get help, and I just wonder if we hadn't done that, or hadn't got the money, because you know you have to pay for it, what kind of help both of you would have beforehand; and I mean, I think for me, erm, if I needed the help, I would probably speak to, and say if I didn't think I could speak to X about it, I would phone up our NCT person and expect guidance from her; and if she then said you could go to this counselling or this, that's the way I would go. But I don't know if you don't have any NCT support and you're not, erm, haven't got that, yeah I don't know what you'd do actually.

**Researcher:** In a sense it could be very, could end up feeling very isolated, whereas for the mother there's very clearly defined services or provision?

**Ed:** Yeah, I don't, yeah, but I, yeah it's funny because I think maybe the kind of group that were there getting support possibly, the group of us, although it was a huge support, there are probably other people who could have benefited even more than us and I just wonder what kind of choice they have for getting help.

**Researcher:** So by being able to pay for it, and to...

**Ed:** Being able to pay for it, yeah, but also knowing about it and wanting to kind of do everything possible, I suppose, erm. You know, if I was 18 years old in a tower block, I wouldn't, there's no, you wouldn't have that kind of support and what do you do, what does that person do?

**Researcher:** And in a sense by joining the NCT, and going along, you sought support?

**Ed:** Yes, exactly and not that it's, maybe that's half the battle, is knowing that you need that kind of support, is pretty key.

He seems to be questioning whether he is the most in need, or deserving perhaps, of this kind of support, with another question about how people know that they need support. He and his



wife actively sought support because they wanted to do ‘everything possible’, but do the people who outwardly appear to ‘need’ support, think that they need it? David raised a similar question about the Health Visitor and how he might have responded if they had suggested that he or his wife needed help, whether he would have been willing to accept that or whether it would have felt like interference. This reservation seem to lead to a question about how people understand their own need for help and what it is that allows people to recognise this, or not.

Other fathers also found the new social networks and support that came from attending local antenatal groups, and the process of sharing their experiences with other prospective fathers, very valuable. The importance of being part of a local group was clear. As families change and people increasingly live away from their wider family and their own parents, knowing people locally seemed to provide reassurance, perhaps countering a sense of potential isolation. This extract from George illustrates this particularly clearly:

**George:** [B]ecause we’re not from [town] it was a chance to meet other people in the same situation and gives us that support network outside, because our family don’t live nearby either... so in terms of support there was only really us two, so it was good to meet these other couples; and we’ve stayed in touch with all of them, so it has been useful.

**Researcher:** So the NCT, part of it, in a sense, their support is actually by meeting other people and the friendships or the relationships and the support you get from each other?

**George:** Yeah.

This seems to reflect the particular importance of the relational aspects of support. It is an opportunity to form new ‘networks’, almost a kind of wider extended ‘family’, in the place of your own geographically distant family.

**Subtheme 2 – Support specifically aimed at new fathers: ‘It’s not forget the mother... it’s some acknowledgement of your existence.’**

Ben was the only father aware of a service aimed directly at fathers, but he had been reluctant to engage:

X was trying to say, oh you should go to this thing, look on Saturday there’s a father’s drop-in, things like that, and I don’t remember saying, but she, apparently I said back, why do I want to go to that? I don’t want to go and talk to people who my only thing in common is that they also have children and, erm, I still kind of think like that, in that I was quite happy and didn’t want to go and talk to people about it, because I was quite enjoying being with my son, and we got to go and do silly things and it’s been fun.

Reflecting on this Ben later expressed a sense of regret that he had not used it:

[N]ow I kind of regret it, I think maybe I should have gone along just to see how other people did things, erm, cos I have other friends who have had children at the same time, we’ve sat and talked and gone through stuff, it seems to be fine with people I knew anyway, basically because we could talk about other things as well... I don’t know, I don’t think I was so much driven away or, I didn’t want to participate in that way, erm, it was nice that they were there, that there was this idea that if I wanted to, or I was worried, there was this thing down the road – I could go and do this, do that, but at the time, I was having too much fun playing with him... I didn’t feel the need for support at the time.

I interviewed Ben at home, whilst his partner and children were out. We sat at the kitchen table, surrounded by the paraphernalia of family life as he told me how it had taken nearly ten years to become a father, about the death of his first child, late in his partner’s pregnancy, after many years of IVF and his joy at now being a father to three children. Early in our interview Ben had told me about friends who had also lost a baby:

[They] went the whole sort of support, talking route and erm, therapy groups and stuff like that, and that, I suppose that's just me again, I didn't want to talk to other people about it, because I knew I could talk to X about it; I knew I was ok to cope with it.

He repeated this sentiment later when I asked how he felt talking about his experiences with me:

[I]t is quite good to talk about these things, again, when we lost the first baby, I wanted to talk to people about it, and it was quite difficult with, erm, because people come round and say, oh I don't know what to say, that's fine, because I don't want you to say anything, I just want to talk... Me and X have always talked about things... and I think that's what got us through.

Ben spoke thoughtfully and openly about his experiences and I was moved. His experience of losing a baby prompted me to re-think the wording of the research question, as I was reminded just how varied are the meanings of 'fatherhood'. My question initially asked about 'first-time' fathers, but after talking with Ben this seemed restrictive, and I opened the question to include all fathers in the early years. I also found Ben and his partner's apparent strength and their commitment to becoming parents inspiring. Ben's comments also highlighted to me how careful we need to be not to impose things on people, that becoming a parent is both a private and public experience and that people will have different ways of managing, which as counselling psychologists we need to remain open to. I think that Ben's experiences impacted in many different ways, but one was clearly on the importance he placed on having fun with his children; and I think his reluctance to attend the father and baby group reflected his focus on the home, and his enjoying that privately.

Within the interviews most of the fathers seemed to struggle to articulate exactly what they thought would be helpful, and there seemed quite a split between what they thought might theoretically be helpful and the reality of actually engaging with services. I wonder if the fathers' struggle to articulate the kinds of support that they would have valued might reflect

some of their own struggles to identify and explore their emotional experience. The traditional focus for new fathers has been on how they can support their partner, but it is clear from these interviews that, without taking the focus away from the mother and baby, men want to be acknowledged as involved and having their own psychological needs. I wonder if the experience of coming third, behind the mother and baby, may have been approached with some ambivalence, possibly reactivating earlier developmental conflicts, as described by Zayas (1987) for example, and influencing their adaption to their current situation. The struggle to negotiate a balance between their own needs and those of their wife and baby were particularly evident in Adam's interview:

[I]t sounds kind of childish but err, when the baby's born I had all these family and friends visiting, and they're all, like all, you know, completely obsessed with the baby and obviously with the mother as well, and you do kind of like, sometimes you feel like a bit of a bystander, sort of standing there, whilst everyone's kind of, you know, you know, and erm, again, you do sometimes, are bit of a, and all through the birth, you are a bit of a spare part... actually the baby was [in hospital for two weeks]... but we went to visit every day and you kind of, you, it was quite a tough period actually, because he couldn't leave. You could go in there as much, for as long as you wanted during the day, but actually you could do so little, he slept for 22 out of 24 hours so actually you felt like you should be there, but actually there wasn't much to do, it was kind of, it was quite, it was difficult, tiring and boring... so you feel a bit, you know, pretty useless...

Adam seems to have felt this tension between childish feelings and adult responsibility particularly keenly. He sounded quite helpless as he spoke, as if the reality of his experience was quite overwhelming. Adam's son arrived early, before he and his wife had completed their antenatal classes, and he was clear that nothing could prepare you for fatherhood, which I think comes through powerfully in the above extract. Interestingly, given his son's difficult

start and his own response, when asked if he thought there was a role for psychological support for new fathers, Adam was unsure:

I can see how people might need it, you know, definitely, err, particularly, you know, if something happened to your child, or your child wasn't, had some sort of health problem... It'd be good if maybe a little more was available, came for men, err, because I could see how you could potentially need a bit of help.

It seemed to me that Adam might have been attempting to distance himself from a difficult early experience of fatherhood. His language and the sense of conflicting roles – the strong father and the needy child – suggest a time fraught with anxiety and an experience of helplessness. These extracts illustrate how complex an issue support is, relating to concerns around recognising and accepting need for support; masculinity and identity; and questions about who and how to ask for help.

These concerns were apparent in my final interview, with Hari. Of all the participants, Hari gave the strongest rejection of the need for psychological support for new fathers, and had the clearest ideas of what he thought would be helpful for new fathers: a practical, educational intervention, as this extract illustrates:

**Researcher:** You were very clear earlier that the idea of emotional, psychological support wasn't something you needed and I wondered if you could think of anywhere that might be something some new fathers needed or whether there's aspects of becoming a new father that some men might need help with.

**Hari:** Emotionally, erm, I think, I don't know, it's a tough one... when they're a bit older and they're more demanding, that's probably when the emotional support needs to be kicked in more, like, supernanny training, you know, something like that... I think that would be a lot better than seeing a psychologist; education on how to manage a family.

**Researcher:** So it's sort of the knowledge of how to, or sort of some help, some advice on how to be that person, that parent, that father.

**Hari:** Because if the children are calmer, more well behaved, then emotionally that's a lot less draining, physically that's a lot less draining, then support, family unity would be a lot stronger.... I think that education probably from that point of view would be a lot more beneficial to the male psyche in terms of saying, oh, you have emotions, you need to cry about it, kind of thing, you know, because they'll probably close down further, I guess.

Although he did say that the practical and the emotional impact upon each other I found Hari's focus on practical issues and his seeming dismissal of psychological needs challenging. I met Hari at his work where he had a one hour slot between clients. I was very conscious of the limited time available, and I think this contributed to my sense of discomfort. Hari described how his cultural background and family experience (he is from an Indian family, born and brought up in London) had influenced him, but I struggled with Hari's views and beliefs about working mothers. Whilst I understand the importance of children developing strong, secure attachments in the early years (e.g. Bowlby, 1988), I found that his ideas challenged my own convictions regarding women maintaining a working life after having children. Hari works long hours, six days a week. Whilst he seemed outwardly clear of his role as the traditional paternal provider who hoped to provide for, and guide, his children in a way that his own father had not been able to do for him, he appeared to be struggling with a conflict between this and his lack of knowledge about his son's development. He seemed disconnected from day-to-day parenting, and I wonder whether his anxiety about this is in part where his desire for parenting education stems from, as if he can find reassurance in education on 'managing a family'.

David's view that people tend to avoid the psychological seems to reflect Adam and Hari's experiences, as he considered the possible implications of offering psychological education and support:

**David:** I'm sat here in my happy little life, and everything's rosy and perfect because I haven't got a clue what might be coming over the hill. If I've got a better understanding of the potential pitfalls, I don't know, let's say... 1 in 4, 1 in 6 people have post-natal depression, or whatever it is... If I knew the kinds of things to watch out for that might help me watch out for them a little bit more erm, and I do think that fore-warned is fore-armed in that kind of situation. But then is it almost a self-fulfilling prophecy, if you know these things are coming you might accidentally fall into one?

**Researcher:** So perhaps there's a role for the support... before the baby is born, in that these are the potential things that could happen, but there's also a risk there of creating a self-fulfilling prophecy...

**David:** Yeah, and I think for me, the NCT classes... they're very good at preparing you for what happens in hospital and making sure you breastfeed... I think it might be useful for a bit more focus to be put on the mental, and I'm probably giving you exactly what you want to hear, but a bit more focus on that mental well being... ...because I think as a society we do avoid that, we like the practical elements, the things we can touch but yet no emphasis was put on, are you really ready for this... And then, I do wonder if we do agonise over this kind of stuff a little bit too much.

David's suggestion that information, or perhaps too much information, might lead to a self-fulfilling prophecy is an interesting one and a reminder that we need to be cautious not to create this, not to overlook or downplay fathers' resilience and resourcefulness, and not to lead to a situation where professional interventions become routine or expected. This balance is perhaps difficult to find, as illustrated in the following extract from Charlie, who described

an interest in having an 'arena' to feed back his experiences, but then went on to question this:

**Researcher:** [Y]ou've said that you haven't felt that you needed support particularly, sort of directly, erm, but I wonder if you think there are ways, either practical or emotional, that new fathers might be supported, either from your experience, or things you've heard, might be helpful.

**Charlie:** Yeah, well, I suppose it'd be good if there was a kind of, an arena for dads to feed back their experiences to somebody, I don't know who that would be, but it's the not knowing, isn't it, as a dad... a dad doesn't know what to expect, but mum's talk to their own mums more than dads talk to their sons or sons talk to their dads maybe. But, if there was a, I don't know what, I just don't know. I just don't think that dad's would use things. If, for example, there was a place where you could go as a dad who'd just had a baby and go and sit with other dads who'd just had babies, I just don't think anybody would ever go there. I think they'd be kind of, not embarrassed to go there, I just think, the kind of whole manliness thing about it all, they'd just think, oh, I don't need to go there.

There is a strong feeling here about not needing support. There seems to be something about 'other' men not talking, and I think Charlie's comment about fathers and sons not talking is a reflection of his relationship with his father, who he described as 'an old school dad' who had not provided him with any support. In the interview Charlie spoke about trying to be a different kind of father to his two sons than his father had been, and I think there is something interesting in this father-son dynamic which could have been explored in greater depth, because I wonder if Charlie's use of the word 'embarrassed' says something about his own feelings about seeking help and his own ideas about 'manliness' perhaps passed on from his father. Charlie's views on the 'manliness' of talking about feelings, and asking for help, were shared by all the fathers, for example:

**Ben:** [It's] a very 'blokey' thing not to talk about emotions.



These views reflect research on the ways in which masculinity and help-seeking interact. The reasons which men identify for not seeking professional help for psychological problems are varied, but have been argued to fit broadly into three interrelated areas: the male socialisation process; the influence of stigma; and lack of knowledge about consultation processes (Smith, Robertson and Houghton, 2006). In the extract above, Charlie seems to be describing a cultural expectation demanding the avoidance of emotion, and the term 'embarrassed' ties in with theories on the way in which public and self-stigma influence attitudes and behaviour towards help-seeking (e.g. Vogel and Wade, 2009). These prevailing socialisation and social constructions of masculinity appear to have had a powerful impact on the way the participants experienced the transition, and one way in which this was evident was in their opportunities to talk about experiences. For some participants the interview itself served as an opportunity to talk about and process experiences in a new way, and as considered earlier, perhaps the wish or need to do this was part of the motivation to participate, illustrated by Fred:

**Fred:** It's been useful to talk about some of these things; I've not done that before... it's been good to go through some of those thought processes... it's something that I internalise quite a lot and it's good to actually bring that out.

**Researcher:** And... you described X having quite a strong support group, as in the other NCT mums, that actually as the dad who goes back to work... there's not much opportunity... perhaps to discuss these experiences?

**Fred:** No there isn't, I've discussed with X how it's taken me a lot longer to adjust to this new life and she was, I think that was the source of a lot of our arguments... and err, it has taken a very long time, definitely.

Fred found returning to work after paternity leave difficult. He felt jealous of the relationship his wife had with their daughter, and part of his adjustment to fatherhood seems to have

involved recognising and managing those difficult feelings and finding a way to communicate with his wife about them. There is a question in this about the way in which men process this transition if they do not have much opportunity to talk about them, how they start those kinds of conversations with other men if they believe other men do not talk about these things. This seems to accord with Fred's idea that formalising the opportunity to talk about becoming a father could be helpful, so that, perhaps six weeks after the baby's birth, the father would be invited to meet somebody, perhaps a counselling psychologist, to help them think about their experiences:

**Fred:** I suppose I think there should be something [psychological support for new fathers] but I don't know if I'd use it! But I think that's, to completely generalise, a male thing. We're not particularly good at going to doctors or, or anyone for help really, myself included, and I think, I think things would have to be quite, quite bad for, certainly for me and I guess most men to actually seek that out. But I think it would be useful because I think at the moment I wouldn't know where to go if I was in that situation.

**Researcher:** So it's something about knowing that there is somebody that you could ask for help if you needed it, but actually things would have to be quite bad before you did?

**Fred:** Yeah, yeah I think so

**Researcher:** You said that's a man thing; do you think that's a general thing but is it something particularly true for you as well?

**Fred:** Yes. It is true for me, definitely. Definitely. I think, no, whether it'd be useful to have some kind of, if it was something that everybody did, it was a standard part of the process that after x weeks the father goes and sees whoever, then I think that might be useful, erm, but erm, yeah, I think if, and also, yeah, having some err, someone there for when things get very bad could be useful too... imposing something definitely wouldn't work – people just wouldn't go, but as I say, I think if it was a natural part of the process, like at 6 weeks this is

what the men do, then it becomes more normal. Men don't like to do things which aren't normal, to be seen to be seeking some kind of help. And so this way you could be getting the help if you needed, but you wouldn't be poking your head above the parapet.

Fred was clear that it would have to be a standard part of the process, an opportunity open to those who wanted it, not imposed, and a 'normal' part of the transition to fatherhood. Ed had a similar idea, suggesting that he would have valued a post-natal class, as well as the antenatal, perhaps providing more continuous support and opportunities to share and process experiences. They were unclear as to what the content of such sessions should be, but the NCT does run such courses for mothers, and it seems that a similar course for fathers might be useful and could perhaps be an area that counselling psychologists could be involved with developing and/or facilitating.

## Discussion

This study has suggested that new fathers have their own psychological needs which they want recognised and acknowledged, but that they have some ambivalence about doing this for themselves, and about how those needs could be met. The interviews suggest that counselling psychologists could have a significant role to play in working with new fathers in their transition to fatherhood, but it is evident that the nature of such a role is not easily defined: it is not necessarily in providing strictly therapeutic work, but perhaps in the broader provision of psychological knowledge, education and support, either directly to individuals or groups, or indirectly through the provision of information, working with or training other professionals, through research and the dissemination of findings.

IPA aims to ‘understand and represent’ (Dallos and Vetere, 2005: 49) participant’s beliefs and experiences, to extract the major themes and issues, connect these, and so contribute to a bigger picture. In order to consider more fully how IPA allowed me to understand my participants’ experiences I return to the philosophical and theoretical influences of IPA, as discussed in Chapter 3: phenomenology, hermeneutics and idiography.

Hermeneutics is concerned with people as interpreting and sense-making individuals and IPA involves the researcher attempting through their own subjectivity to understand their participants’ attempts to find meaning. This was the aspect of IPA which I found most challenging, both conceptually and in practice. I have spent time reflecting on this issue since submitting my thesis and the viva voce examination, and coming back to the research I now see how disconnected from my participants I appeared to be in the original analysis. I think I was unsure how to put this into practice, and became somewhat stuck at the descriptive level, without fully realising it. My research methods training and experience prior to the PsychD were focussed on quantitative methods and I now realise my struggle to more fully shift into this new way of doing research. To write the current piece I

endeavoured to find a different way: I put my therapist's 'hat' on; I went back to my research with the benefit of having had some 'time out', and I listened to the interviews again, paying greater attention to my emotional ('counter-transferential') response, and allowing myself to think more freely about what both my participants and I had said, and then to reflect upon how the themes fitted together or contradicted each other. I then went back to my original analysis and re-organised the sub-themes, so that the analysis and my narrative flowed more freely. I understand now that this is the hermeneutic circle, the dynamic process of moving back and forth between parts and the whole of the text, with my relationship to the data shifting in the process (Smith et al., 2009: 28).

My own frame of reference inevitably influenced the development, implementation, analysis and write-up of this study and a different researcher would have undoubtedly organised and presented the results differently. Whilst I am confident that they would have come to similar-enough findings to my own, it is important to consider the impact that my own subjectivity and being had on the research process. There is not space here for an extensive exploration, so I have chosen to focus on two areas: gender and issues arising from the interview with Hari.

As a female researcher without children, researching into fatherhood, I was very much an outsider (McNiff and Whitehead, 2006: 8), and I think this impacted, both consciously and unconsciously, in several ways, including in what participants shared with me. A male researcher might have evoked different responses to the same questions, suggesting we need to take account of the unavoidably gendered, relational nature of the knowledge generated by this and any similar study. George suggested that he found it easier to talk to women about being a father, and so I wonder whether being female actually made it easier for some of the fathers to talk to me compared with how they might have experienced talking with a male researcher. Perhaps, given what the fathers said about men not speaking to each other about

emotional experiences, as a female researcher I offered less threat of judgement or challenge to their masculine identity.

I was aware during the research that I frequently found myself wondering what the father's wife/partner might have thought or said in response to my questions, or their partner's responses. This reminded me of when, in clinical practice, a client talks about their relationships with others, and I find myself wondering what the other person thought or felt. I think it is about attempting to combine the hermeneutic of empathy with a hermeneutic of suspicion (Ricoeur, 1970) or questioning, so that the researcher attempts to both stand in their participants' shoes and alongside them (Smith et al., 2009: 36). I think that this is a hugely challenging thing to claim to be able to do. I am not sure that it is always possible, but this article is my attempt to.

As a female counselling psychologist I have, perhaps predictably, a positive attitude towards engaging with support services, and particularly to help-seeking for emotional issues. Listening to the fathers, I was inevitably influenced by these beliefs, by my experiences during training, and from the immersion in people's psychological and emotional worlds. I had to remain aware of not imposing these beliefs on my participants, of being open to the possibility of their ambivalence, or hostility towards psychology, counselling or psychotherapy services. I tried to remain open to the 'or not' in the question of 'whether, or not, there is a role for counselling psychologists to work with new fathers in the transition to fatherhood', whilst also listening for what might not be being said, the possibly unconscious communications, such as with Adam, described above. As discussed in Chapter 2 (e.g. Furedi, 2008; Lee, 2009), there are dangers involved in assuming that a typically 'female' way of privileging the value of expressing one's feelings is right, or even that it is relevant to the fathers' beliefs about masculinity. Again, another researcher would likely have asked different questions and come to a differently nuanced conclusion, but this is a fundamental

part of qualitative research – it is hermeneutic; directly tied to the researcher’s position. My own beliefs were particularly challenged in the interview with Hari and it raised some interesting issues for me about how to think about such an experience. Thus, if the dynamics of the research interview are similar to those of a therapeutic interview (e.g. Smith and Osborn, 2003; Rizq, 2008), then issues such as difference need to be considered in the interviewer–interviewee relationship in a similar way to the therapeutic relationship. I think the context of the interview with Hari contributed to me feeling that there was no time or opportunity to deal with the possible impact of our differing socio-cultural experiences (Eleftheriadou, 2010: 211). I know it was my responsibility to create that opportunity, but I think my emotional response to the interview, feeling rather dismissed, left me unable to address these issues. If this were an experience with a client in clinical practice I am confident that I would take it to supervision and spend time thinking about my response, and what it might be telling me about the client and our relationship, and hope to find a way to bring it into subsequent sessions. In this context I felt unprepared and unsure about how to respond. Perhaps I could have done the same thing i.e. taken it to supervision and perhaps considered offering a follow-up interview with Hari, with due methodological reflection, of course; but I think I felt relieved to finish and so this was left rather incomplete, which I think was reflected in my detachment in the original analysis.

Phenomenology is concerned with identifying the essential qualities of human experience, and idiography with the particular. IPA allows the researcher to move from the individual to ‘significant aspects of the general’ (Smith et al., 2009: 29), which I endeavoured to do in the Master-theme above, by making links between participants’ experiences and existing theory, and which I take a step further here.

One conclusion I suggested in Chapter 5 is that more could be done to provide opportunities for men to explore their experiences of becoming a father, in a similar way as is done for new

mothers. In their psychological plan for maternal perinatal care Slade and Cree (2010) suggest that providing opportunities for talking about becoming a mother and the 'self as mother' are important in helping the mother make cognitive and emotional shifts, both during pregnancy and after the baby's birth. The opportunity to share those discussions and to develop a sense of self as a parent is important in promoting optimal psychological health. This seems to be missing for fathers, for a variety of reasons considered above, as well as the pressure on maternity services, and there is perhaps a role for counselling psychologists here, both in terms of being aware when working therapeutically with men; in terms of providing knowledge and training for other professionals, such as midwives, health visitors, family centre workers, or social workers, for example, in how to listen and discuss emotional issues, and where to refer people on to other appropriate professionals.

However, as suggested above it is important to consider that there needs to be a careful balance between education on the possible psychological impact of becoming a father, encouraging emotional openness and engagement with services, with an approach which is careful not to pathologise, medicalise or psychologise 'normal' experience (e.g. Illich, 1976; Furedi, 2008; Lee, 2009). For example, Lee's (2009: 169) argument that virtually any negative experience of motherhood is now considered to be a sign of postnatal illness requiring professional intervention by 'experts' (Lupton and Barclay, 1997: 49) leads to a reliance, or even dependence, on professionals, or on a therapeutic culture (Furedi, 2008: 108) where emotional states are regarded as problematic, and their professional(ised) management is regarded as the most effective way of guiding individual and collective behaviour. Thus it is important to remember that men's lower rates of help-seeking, compared with women, might reflect greater independence and self-reliance rather than weakness (Addis and Mahalik, 2003: 7). Given the humanistic values on which counselling psychology is based (e.g. Cooper, 2009, see Chapter 1), counselling psychologists need to be very aware of alternative positions, and to remember to listen carefully to the individual.



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